Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

DISSOLUTION OR WITHDRAWAL

THE ORGAN DONATION AND TRANSPLANT ASSOCIATION OF

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Certificate of Status	0
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Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION

FIRST:	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:									
t itt.	The name of the corporation as currently filed with the Florida Department of State: The Organ Donation in Transplant Association of America									
SECOND:	The document number of the corporation (if known): NO5000007872									
THIRD:	Adoption of Dissolution (COMPLETE SECTION OR)									
	The document number of the corporation (if known): NO5000007872 Security Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE)									
	(CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted									
	The number of votes cast by the members was sufficient for approval.									
with	☐ The resolution was adopted by written consent of the members and executed in accordance									
witti	section 617.0701, Florida Statutes.									
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:									
	The corporation has no members or members entitled to vote on the dissolution.									
	The date of adoption of the resolution by the board of directors was									
	The number of directors in office was and the vote for resolution was fo and against. (Must be a majority vote)									
FOURTH	Effective date of dissolution, if applicable:									
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.									
	Signature: North College of the board, president or other officer- if directors have not been selected, by an incorporator- if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)									
	Sharon Tabor Sman Taby									
	(Typed or printed name of person signing) Executive Director									
	(Title of person signing)									

Filing Fee: \$35