

11/08/2011 07:44 239-939-2280

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Division of Corporations

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**N05000010188**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : JOHN M WICKER PA  
Account Number : I20070000104  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

*Effective:  
12-31-11*

DISSOLUTION OR WITHDRAWAL  
SEMHHS LIFE SKILLS BOOSTER CLUB, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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850-617-8861

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November 7, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
SFMS LIFE SKILLS BOOSTER CLUB, INCORPORATED  
C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FT MYERS, FL 33906

SUBJECT: SFMS LIFE SKILLS BOOSTER CLUB, INCORPORATED  
REF: N05000010188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PLEASE CHOOSE EITHER SECTION I OR SECTION II UNDER THE THIRD PART ON THE DISSOLUTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlane Connell  
Regulatory Specialist II

FAX Aud. #: H11000262800  
Letter Number: 611A00025277

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**ARTICLES OF DISSOLUTION**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SFMHS LIFE SKILLS BOOSTER CLUB, INCORPORATED

SECOND: The document number of the corporation (if known): N05000010188

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I OR II)

**SECTION I**

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_ The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with 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 11/3/2011

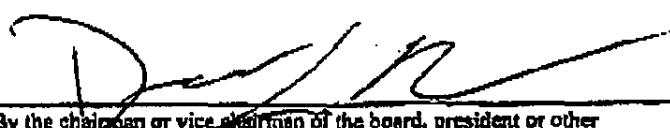
The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: 12/31/2011  
(no more than 90 days after dissolution file date)

Signature

  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**DONALD L. PAYNE**

(Typed or printed name of the person signing)

**DIRECTOR**

(Title of person signing)

**FILING FEE: \$35**

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**H11000262800 3****Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: **SFMHS LIFE SKILLS BOOSTER CLUB, INCORPORATED**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

- 1. Name of Creditor; 2. Product or Service Provided; 3. Total Amount of Claim;  
4. Account Summary; 5. Invoices; and 6. Reference to Contract, if applicable.**

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

**SFMHS LIFE SKILLS BOOSTER CLUB CLAIMS**

**C/O DONALD L. PAYNE**

**1815 WHITECAP CIRCLE**

**FORT MYERS, FL 33903**

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**DONALD L. PAYNE**

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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