## N05000012860

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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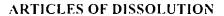
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COVER LETTER TO	
TO: Amendment Section Division of Corporations	The state of the s
SUBJECT:	
DOCUMENT NUMBER: N05000012860	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John A. Foley, Esq., Registered Agent	
(Name of Contact Person)  Legal Aid Society of Palm Beach County, Inc.	
423 Fern Street, Suite 200	
West Palm Beach, FL 33401	
(City/State and Zip Code)  For further information concerning this matter, please call:	
Vicki T Krusel 721-2601	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	

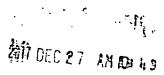
## **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **STREET ADDRESS:**

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





Pursuant to section 617.1401, 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: PALM BEACH COUNTY DISASTER RECOVERY COALITION, INC.
SECOND:	The document number of the corporation (if known): N05000012860
THIRD:	The file date of the articles of incorporation: 12/15/2017
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	■ The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Sign	ature:  (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)
	Vicki T Krusel
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)

Filing Fee: \$35

## 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. PALM BEACH COUNTY DISASTER RECOVERY COALITION, INC. 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: the name of claimant(s), address, telephone number, and description and amount of claim alleged. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) John A. Foley, Esq. Legal Aid Society of Palm Beach County, Inc. 423 Fern Street, Suite 200 West Palm Beach, FL 33401 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. Vicki T Krusel

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

Printed Name of the Person Filing