

110600000 3328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

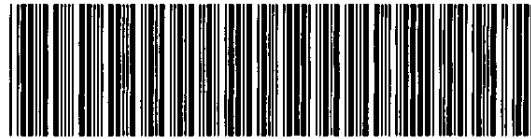
(Document Number)

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02/24/12--01022--009 **43.75

EFFECTIVE DATE
Feb 29/12

2012 FEB 24 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. SS/ML/ML
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advisory Council for RSVP of Alachua County

DOCUMENT NUMBER: N06000003328

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorie Keegan

(Name of Contact Person)

% CRI

(Firm/Company)

4010 NW 25th Place

(Address)

Gainesville FL 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorie Keegan

(Name of Contact Person)

at (352) 372-6300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & 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

EFFECTIVE DATE
Feb 29, 12

FILED
2012 FEB 24 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The Advisory Council for the Retired and Senior Volunteer Program of Alachua County, Inc

SECOND: The document number of the corporation (if known): N06000003328

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
September 8, 2011. 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 _____.

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable:

2/29/12
(no more than 90 days after dissolution file date)

Signature

Cindy Flowers

(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.)

Cindy Flowers

(Typed or printed name of the person signing)

Chair, Advisory Council for the RSP

(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.

^{The}
Name of Corporation: Advisory Council for the Retired and Senior Volunteer Program of Alachua County, 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:

1. Contact person name , address and phone number

2. Amount of Claim

3. All supporting documentation supporting the claim

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

Lorie Keegan 4010 NW 25th place
Gainexville, FL 32606

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.

CINRY FLOWER

Printed Name of the Person Filing

Cindy Flower

Signature of the Person Filing

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