

NOBODYS279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

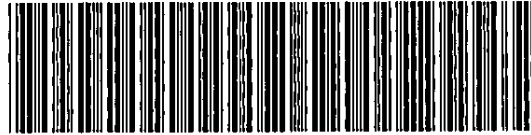
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200259823052

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY -5 PM 10:46  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

VDW/N

MAY 06 2014

R. WHITE

FILED  
14 MAY -5 PM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 117082 4392992

AUTHORIZATION :

COST LIMIT : \$ 43.75

*[Handwritten signature]*

ORDER DATE : May 2, 2014

ORDER TIME : 4:33 PM

ORDER NO. : 117082-005

CUSTOMER NO: 4392992

DOMESTIC FILINGS

NAME: PSS/WM EMPLOYEE EDUCATION  
FUND, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Chasity Busbee - EXT# 62974

EXAMINER'S INITIALS: \_\_\_\_\_

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:  
PSS/WM EMPLOYEE EDUCATION FUND, INC.

SECOND: The document number of the corporation (if known): N06000005279

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 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 April 28, 2014.

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

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(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)

Gary Corless

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED

14 MAY -5 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: PSS/WM EMPLOYEE EDUCATION FUND, 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:*

Name of claimant;

Basis of claim and a detailed description of the facts,  
including the date of any material events, giving rise to the claim; and  
Amount in dispute.

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

McKesson Corporation  
One Post Street, 33rd Floor  
San Francisco, CA 94104  
Attn: Cynthia Misko

*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.*

Gary Corless

*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**