

7/22/2021

Division of Corporations

NO600011282

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.

Account Number : 071722000522

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**DISSOLUTION OR WITHDRAWAL
HERMANCE FAMILY FOUNDATION, INC.**

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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:
HERMANCE FAMILY FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N06000011282

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 July 21, 2021.

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

FOURTH Effective date of dissolution, if applicable: July 21, 2021
(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: Kris B. Hermance

(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)

Kris B. Hermance

(Typed or printed name of person signing)

President

(Title of person signing)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA