

N07000009167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200219248892

01/30/12--01043--020 **35.00

VD/with notes

FILED
12 FEB 20 09:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2012

DIXIE RUSSELL
IRIS REGION SOUTH NFP INC
1100-H BRANDYWINE BLVD
ZANESVILLE, OH 43701

SUBJECT: IRIS REGION SOUTH NFP, INC.
Ref. Number: N07000009167

We have received your document for IRIS REGION SOUTH NFP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please complete section I or II. Do not complete both sections.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 312A00003507

RECEIVED

12 FEB 13 AM 9:33

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IRIS REGION SOUTH NFP INC

DOCUMENT NUMBER: N07000009167

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

Please return all correspondence concerning this matter to the following:

DIXIE RUSSELL

(Name of Contact Person)

IRIS REGION SOUTH NFP INC

(Firm/Company)

1100-H BRANDYWINE BLVD

(Address)

ZANESVILLE OH 43701

(City/State and Zip Code)

For further information concerning this matter, please call:

DIXIE RUSSELL

(Name of Contact Person)

at (740)

450-1330 x 3150

(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

ARTICLES OF DISSOLUTION

FILED
12 FEB 13 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
IRIS REGION SOUTH NFP INC.

SECOND: The document number of the corporation (if known): N07000009167

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:

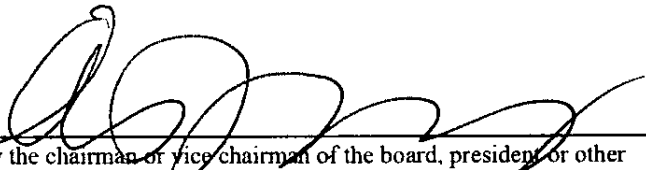
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 10/20/2011

The number of directors in office was 8 and the vote for resolution was
8 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 11/30/2011
(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.)

ANNA JACOBY

(Typed or printed name of the person signing)

PRESIDENT/EXECUTIVE DIRECTOR

(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.

Name of Corporation: IRIS REGION SOUTH NFP 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:

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

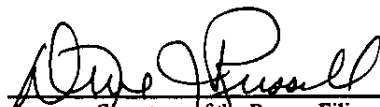
ANNA JACOBY

40426 CARMELITA CT

FREMONT CA 94539

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.

Dixie J Russell ^{As Purchasing}
Agent for IRIS
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