

N08000097688

(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



300242228433

12/18/12--01010--007 \*\*43.75

FILED  
12 DEC 18 PM 12:22  
STATE  
TALLAHASSEE, FLORIDA

NPD 155  
#005

DEC 19 2012

C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fallen Firefighter Survivors Foundation, Inc. - Dissolution

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**Samuel A. Houghton**

\_\_\_\_\_  
(Name of Contact Person)

**Clark, Campbell & Lancaster, P.A.**

\_\_\_\_\_  
(Firm/Company)

**500 S Florida Avenue Suite 800**

\_\_\_\_\_  
(Address)

**Lakeland, Florida 33801**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Sam Houghton**

\_\_\_\_\_  
(Name of Contact Person)

at ( **863** ) **647-5337**

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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:

Fallen Firefighter Survivor's Foundation, Inc.

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

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.

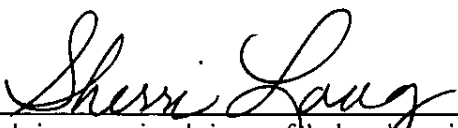
The date of adoption of the resolution by the board of directors was December 14, 2012.

The number of directors in office was 7 and the vote for resolution was

4 for and 0 against. (Must be a majority vote)

FILED  
12 DEC 18 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: **December 14, 2012**  
(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.)

**Sherri Lang**  
(Typed or printed name of the person signing)

**President**  
(Title of person signing)

**FILING FEE: \$35**