

no8000011316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

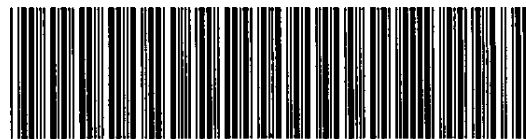
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 FEB 25 AM 11:47

MAR 04 2015
J. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spanish Wells Cares Foundation, Inc.

DOCUMENT NUMBER: N08000011316

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

Please return all correspondence concerning this matter to the following:

Valerie Klosterman

(Name of Contact Person)

(Firm/Company)

25825 Hickory Boulevard

(Address)

Bonita Springs, Florida 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Klosterman at **239** **495-7636**

(Name of Contact Person)

(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

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:

Spanish Wells Cares Foundation, Inc.

SECOND: The document number of the corporation (if known): N08000011316

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 _____

The number of directors in office was four and the vote for resolution was four for and none against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: May 10, 2014
(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)

Valerie Klosterman

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

14 FEB 25 AM 11:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AND
COMMERCIAL AFFAIRS

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: Spanish Wells Cares Foundation, 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:

Copy of invoice with details

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

Spanish Wells Cares Foundation, Inc.

PO Box 3406

Bonita Springs, Florida 34135

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.

Valerie Klosterman

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