

NO90000002696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

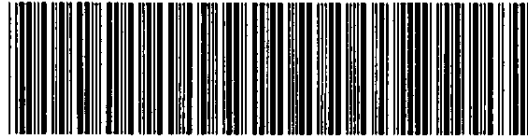
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269703332

*Ass with
notice*

02/27/15--01009--024 **52.50

FILED
2015 FEB 27 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
3/3/15*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Foundation for Sight, Inc.

DOCUMENT NUMBER: N09000002696

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

Please return all correspondence concerning this matter to the following:

John E. Griffin

(Name of Contact Person)

Carson & Adkins

(Firm/Company)

2930 Wellington Circle, Suite 201

(Address)

Tallahassee, Florida 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Griffin

(Name of Contact Person)

at (850)

(Area Code)

894-1009

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Florida Foundation for Sight, Inc.

SECOND: The document number of the corporation (if known): N09000002696

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 February 5, 2015.

The number of directors in office was 4 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: Upon filing
(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)

Dr. Barry J. Frauens

(Typed or printed name of person signing)

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: Florida Foundation for Sight, 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:

Claim must describe with reasonable particularity the name and address of the claimant,
the name of any attorney representing the claimant, nature of the claim, the material facts
giving rise to the claim, the date the claim matured, and the relief sought by the claimant.

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

Florida Optometric Association, Inc.

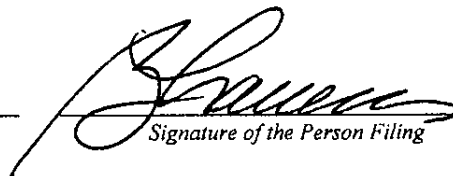
120 South Monroe Street

Tallahassee, Florida 32301

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.

Dr. Barry J. Frauens

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