

N0900005487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status ☒

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SEP 01 2017

V/D w/ Notice

FILED
17 AUG 29 PM 12:13
CLERK OF SUPERIOR COURT
JANUARY 11, 2017

EUGENE O. GEORGE
ROBERT E. SCHEB
DAVID G. BOWMAN, JR.
KRAIG H. KOACH
KENNETH D. CHAPMAN, JR.

Of Counsel
TINA M. MROCZKOWSKI
ROBERT A. KIMBROUGH
HARRIS & COBBROUGH, P.A.
KENNETH D. CHAPMAN, SR.



BOWMAN, GEORGE,
SCHEB, KIMBROUGH,
KOACH & CHAPMAN, P.A.

ATTORNEYS AT LAW

Established 1912

August 25, 2017

JOHN E. BURELL
1875-1947
JOHN E. BURELL, JR.
1915-1984
A. MORRIS SMITH
1921-1996
JAMES J. PRYKES
1926-2000

Retired
LW WHITEHEAD, JR.
DAVID G. BOWMAN, SR.

VIA PRIORITY MAIL

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Stroke Association of Florida, Inc.

Dear Sir/Madam:

Enclosed are the following documents in connection with the dissolution of Stroke Association of Florida, Inc:

1. Articles of Dissolution,
2. Notice of Corporate Dissolution,
3. Letter Confirming the Termination of Solicitations Permit,
4. Payment in the amount of \$52.50 for the filing fee, certificate of status, and certified copy.

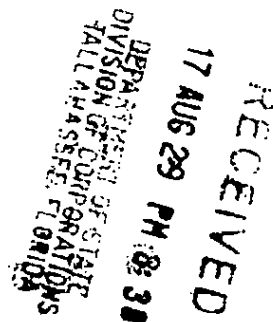
Please file the documents and return a certified copy and certificate of status to us in the enclosed envelope. Please contact me if you have any questions.

Very truly yours,

[FORWARDED IN MY ABSENCE TO AVOID DELAY]

Tina M. Mroczkowski

TMM/jjs
Enclosures (4)



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Stroke Association of Florida, Inc.

DOCUMENT NUMBER: N09000005487

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

Please return all correspondence concerning this matter to the following:

TINA MROCZKOWSKI, ESQ.

(Name of Contact Person)

BOWMAN, GEORGE, SCHEB, KIMBROUGH, KOACH & CHAPMAN, P.A.

(Firm/Company)

2750 RINGLING BLVD., SUITE 3

(Address)

SARASOTA, FLORIDA 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

TINA MROCZKOWSKI

at (941)

366-5510

(Name of Contact Person)

(Area Code)

(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:
STROKE ASSOCIATION OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): N09000005487

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 7/18/17.

The number of directors in office was 5 and the vote for resolution was 5 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 8/1/17
(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.

(X)

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)

Kim E. James

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

Filing Fee: \$35

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17 AUG 29 PM 12:13

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: Stroke Association of Florida, 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:

Legal and trade name of vendor (if different than legal name)

Description of goods or services

Date goods or services were provided to Stroke Association of Florida, Inc.

Amount of claim.

Copy of Invoice.

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

STROKE ASSOCIATION OF FLORIDA, INC.

c/o BOWMAN, GEORGE, SCHEB, KIMBROUGH, KOACH & CHAPMAN, P.A.

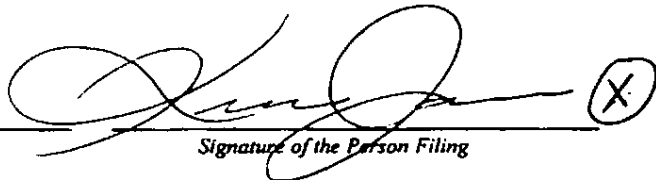
ATTN: TINA MROCZKOWSKI

2750 RINGLING BLVD., SUITE 3, SARASOTA, FL 34237

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.

Kim James, Executive Director

Printed Name of the Person Filing

 (X)

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00