

ND9000007145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

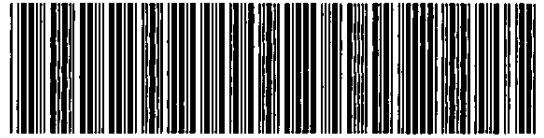
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400179924354

05/10/10--01066--011 \*\*35.00

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 MAY 10 PM 2:09

Art Dis  
@ 5/13/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** N09000007165

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

Please return all correspondence concerning this matter to the following:

Bonnie B Rosati

(Name of Contact Person)

Our Fathers Foundation Inc.

(Firm/Company)

9135 SE 170th Fontaine St

(Address)

The Villages FL 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie B Rosati

(Name of Contact Person)

at ( 352 ) 391-1959

(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 617.1401, 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:

Our Fathers Foundation Inc

SECOND: The document number of the corporation (if known): N09000007165

THIRD: The file date of the articles of incorporation: 07/23/09

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☒ The dissolution was authorized by a majority of the directors:  
OR
- ☐ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAY 10 PM 2:09

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)

Bonnie B Rosati

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**