

N09000012151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

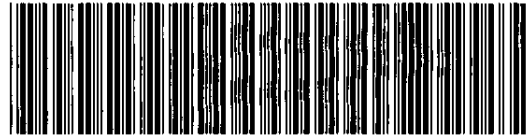
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Diss.

TB

OCT - 5 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notice of Corporate Dissolution

DOCUMENT NUMBER: N09000012151

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

Please return all correspondence concerning this matter to the following:

Kimberly Sullivan

(Name of Contact Person)

PARTNERSHIP SOLUTIONS ADVISORS FOUNDATION, INC.

(Firm/Company)

686 Hermitage Circle

(Address)

Palm Beach Gardens, Florida 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Sullivan

(Name of Contact Person)

at (561) 653-1323

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2010

PARTNERSHIP SOLUTIONS ADVISORS FOUNDATION, INC.
KIMBERLY SULLICAN
686 HERMITAGE CIR
PALM BEACH GARDENS, FL 33410

SUBJECT: PARTNERSHIP SOLUTIONS ADVISORS FOUNDATION, INC.
Ref. Number: N09000012151

We have received your document for PARTNERSHIP SOLUTIONS ADVISORS FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 310A00022103

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:

Partnership Solutions Advisors Foundation, Inc.

SECOND: The document number of the corporation (if known): N09000012151

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

September 9, 2010. 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.

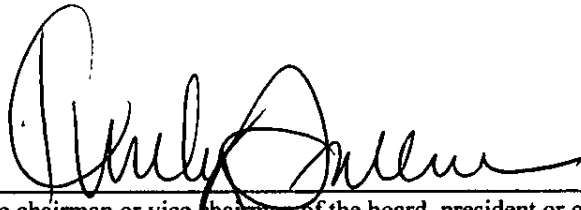
The date of adoption of the resolution by the board of directors was _____.

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

_____ for and _____ against. (must be a majority vote)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: September 30, 2010
(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.)

Kimberly Sullivan
(Typed or printed name of the person signing)

Director
(Title of person signing)

FILING FEE: \$35