

N10479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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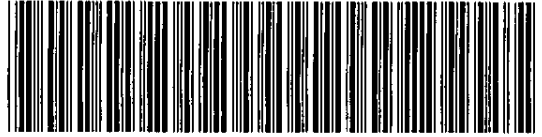
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
12-31-08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC -1 AM 11:29

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Southwest Florida Autistic Society, Inc.

**DOCUMENT NUMBER:** N10479

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

Please return all correspondence concerning this matter to the following:

Katie Cullen  
(Name of Contact Person)

Southwest Florida Autistic Society, Inc.  
(Firm/Company)

1354 SIMOCCO STREET  
(Address)

FORT MYERS, FL 33919  
(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Cullen at (239) 433-4929  
(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

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## 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:

The Southwest Florida Autistic Society, Inc.

SECOND: The document number of the corporation (if known): N10479

THIRD: Adoption of Dissolution  
(Complete Section I or II)

### SECTION I

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
November 24, 2008

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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)

FOURTH: Effective date of dissolution if applicable: December 31, 2008  
(no more than 90 days after dissolution file date)

Signature Katie Cullen  
(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.)

Katie Cullen  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**