

LAW OFFICES OF
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June 14, 1999

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*****43.75 *****43.75

Secretary of State of Florida
Post Office Box 6327
Tallahassee, Florida 32314

Re: Foundation for the Care and Cure of Huntington's Disease, Inc.

Dear Sirs:

Enclosed is a Certificate of Dissolution for the above-referenced corporation for filing along with a check in the amount of \$43.75 representing the filing fee and fee for a certified copy.

Sincerely,


Kenneth F. Claussen

KFC/mr
Enclosure

FILED
99 JUN 16 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JY

**CERTIFICATE OF DISSOLUTION
OF
FOUNDATION FOR THE CARE AND CURE
OF HUNTINGTON'S DISEASE, INC.**

Foundation for the Care and Cure of Huntington's Disease, Inc., a Florida not-for-profit corporation, pursuant to the provisions of Fla. Stat. §617.1403 has adopted the following articles of dissolution for the purpose of dissolving the corporation.

FIRST: The name of the corporation is: Foundation for the Care and Cure of Huntington's Disease, Inc.

SECOND: The corporation has no members.

THIRD: The resolutions by the Board of Directors to dissolve the corporation were adopted as of April 1, 1999 by the unanimous action of the Board, which consists of nine (9) members.

FOURTH: The effective date of the dissolution shall be June 30, 1999.

Executed this 30th day of June, 1999.

RF

FOUNDATION FOR THE CARE AND CURE OF
HUNTINGTON'S DISEASE, INC.

By:

Robert H. Foley
Robert H. Foley, Vice President and
Director

State of Florida)
) ss.:
County of Monroe)

The foregoing instrument was acknowledged before me this 30th day of June, 1999 by Robert H. Foley, Vice President and Director of Foundation for the Care and Cure of Huntington's Disease, Inc. who is well known to me or who produced personally as identification and who did/did not take an oath.

entron



Notary Name: _____

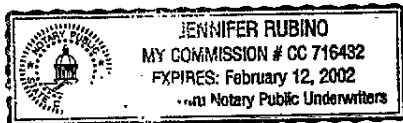
My Commission Expires: _____

Commission No.: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 30th day of June, 1999
by DR. ROBERT H. FOLEY, as DIRECTOR of Foundation for the
Care and Cure of Huntington's Disease, Inc., who is well known to me or who produced
personally as identification and who did/did not take an oath.
known



[Signature]
Notary Name: _____
My Commission Expires: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA