N11000002189

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COVER LETTER

To: Amendment Section **Division of Corporations**

Tri-County Association on Hes	alth, Environmental and	l Legis ———
DOCUMENT NUMBER:) ••••••••••••••••••••••••••••••••••••	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following	3:
Andrea Sampson		
(Name of	Contact Person)	<u> </u>
Tri-County Association on Health, Enviror	•	Policies, Inc.
(Firm	(Company)	
1833 Lost Pine Ln		
(Ac	idress)	
Apopka, FL 32712		
(City/State	and Zip Code)	
For further information concerning this matter	r please call:	
Andrea Sampson	407 401-1	144.4
Andrea Sampson		
(Name of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check for the following amount:	:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	-	□ \$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

FILED

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submit of the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Tri County Association on Health, Environmental and Legislative Policies, Inc. N11000002189 The document number of the corporation (if known): SECOND: March 2, 2011 THIRD: The file date of the articles of incorporation: **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. 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) Bill Smalley (Typed or printed name of person signing) **Executive Vice President** (Title of person signing)

Filing Fee: \$35