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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

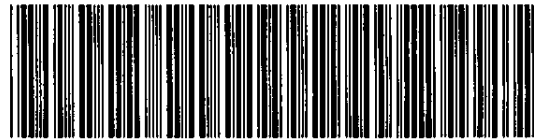
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. TALLENT
DEC 15 2017

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

V/D

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December 11, 2017

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

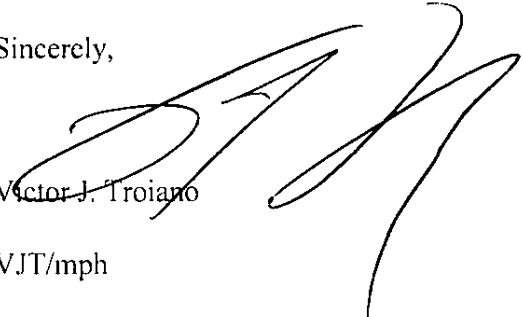
Re: PANCREATIC CANCER ALLIANCE OF POLK COUNTY, INC.
Our File No.: B110106

Dear Sirs:

Enclosed please find the original of the Articles of Dissolution with the Plan for Distribution of Assets attached for the above named corporation. I have also enclosed a check in the amount of \$35.00 to cover the filing fees.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,


Victor J. Troiano

VJT/mph

Enclosures

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: PANCREATIC CANCER ALLIANCE OF POLK COUNTY, INC.

SECOND: The document number of the corporation (if known): N11000006771

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II)

FILED 17 DEC 14 PM 5:26 SECRETARY OF STATE TALLAHASSEE FLORIDA

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

[] The date of meeting of members at which the resolution to dissolve was adopted

_____. 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 6 and the vote for resolution was 6 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: DATE OF FILING (no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Robyn Ferguson (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)

ROBYN FERGUSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

October 20, 2017

Florida Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Plan for Distribution of Assets, Dissolution of Not-for-Profit Corporation

Dear Sir or Madam:

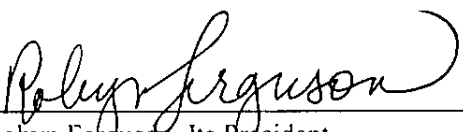
Please accept for filing this letter and the attached Plan of Distribution of Assets.

I, Robyn Ferguson, am the President of the Pancreatic Cancer Alliance of Polk County, Inc. ("Corporation") and am duly authorized to authenticate the attached document and make the following representations:

1. The Pancreatic Cancer Alliance of Polk County, Inc. is a Florida not-for-profit corporation that consists solely of a Board of Directors and has no members.
2. On July 18, 2017, in accordance with Florida Statute 617.0821, the Board of Directors, by unanimous written consent and without a formal meeting, adopted a resolution in favor of dissolving the Corporation.
3. On July 18, 2017, in accordance with Florida Statute 617.1406, the Board of Directors, by unanimous written consent and without a formal meeting, adopted the attached Plan of Distribution of assets ("Plan").
4. The Plan attached to this letter is a true and correct copy of the Plan adopted by the Corporation after the affirmative vote described in paragraph (4).

Respectfully submitted,

Pancreatic Cancer Alliance of Polk County, Inc.

By: 
Robyn Ferguson, Its President

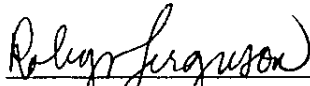
Plan for Distribution of Assets
Pancreatic Cancer Alliance of Polk County, Inc.

In accordance with Section 617.1406, Florida Statutes, set forth below is the plan for distribution of the assets of Pancreatic Cancer Alliance of Polk County, Inc., a not-for-profit corporation organized and doing business under the laws of the State of Florida ("Corporation"):

1. All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provisions made therefore;
2. The Corporation has no assets held upon the condition that they are returned, transferred or conveyed upon the dissolution of the Corporation;
3. Upon dissolution, liquidation, winding up the Corporation and after paying or making provisions for the payment of all liabilities, the Board of Directors shall dispose of the assets of the Corporation in the following manner:
 - a. The cash assets of the Corporation will be transferred to Lakeland Regional Health Foundation, with the provision that the assets shall continue to be used principally for educational programs, research and patient and family support related specifically to pancreatic cancer.
 - b. Any remaining physical assets not transferred to Lakeland Regional Health Foundation, and all other non-physical assets, shall be donated to a not-for-profit corporation or organization qualified as exempt under Section 501(c)(3) of the Internal Revenue Code and operated exclusively for charitable, educational, or scientific purposes.

A copy of this Plan for Distribution of Assets, authenticated by the President of the Corporation and containing the officer's certificate of compliance with the requirements of subsection(1) or subsection(2) of Section 617.1406, Florida Statutes, will be filed with the Department of the State prior to dissolution of the Corporation.

Reviewed and Authenticated



Robyn Ferguson, President

Dated: 7/18, 2017