

NI1000008958

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

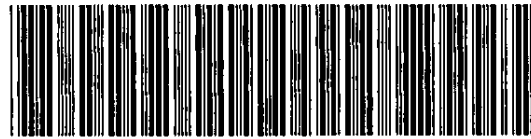
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 JUN 19 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2012

T. ROBERTS

Wounded Warriors of South Florida Inc.  
C/O Leon P. Wilde, CPA, Inc.  
969 S.E. Federal Highway, Suite 400  
Stuart, FL 34994

Martin County  
Tele (772) 220-7658  
Fax (772) 220-7665

Palm Beach County  
Tele (561) 683-2005  
Fax (561) 683-2040

June 14, 2012

Division of Corporations  
Amendment Section  
Attn: Tina Roberts  
P.O. Box 6327  
Tallahassee, FL 32314

Tele 850-245-6892 Fax 850-245-6897

Affidavit for: Wounded Warriors of South Florida Inc NI1000008958

Dear Tina Roberts

Please note that we have no intention of revoking the dissolution of Wounded Warriors of South Florida Inc. and are releasing the name for immediate use.

If you have any questions or need additional information you may call my accountants office directly.

Sincerely,

  
Robert McKenna, President

ATTENTION:

TINA Roberts

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** N11000008958

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

Please return all correspondence concerning this matter to the following:

Robert E Mckenna

(Name of Contact Person)

Wounded Warriors of South Florida Inc

(Firm/Company)

10021 Riverside DR

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Leon Wilde

(Name of Contact Person)

at ( 772 ) 220-7658

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

Pursuant to section 617.1401, 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:

Wounded Warriors of South Florida Inc.

SECOND: The document number of the corporation (if known): N11000008958

THIRD: The file date of the articles of incorporation: 09/20/2011

FOURTH: The corporation has not commenced to conduct its affairs.

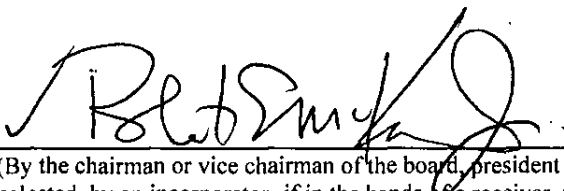
FIFTH: No debts of the corporation remains unpaid.

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)

Robert E Mckenna

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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