

N1200000001628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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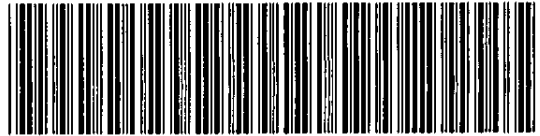
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE CRUTCHFIELD-CUNNINGHAM

FOUNDATION, INC.

Signature _____

Requested by: BA

12/17/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
✓ ____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
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____ Photo Copy _____
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____ Officer Search _____
____ Fictitious Search _____
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION OF
THE CRUTCHFIELD-CUNNINGHAM FOUNDATION, INC.

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution;

The name of the corporation as currently filed with the Florida Department of State is The Crutchfield-Cunningham Foundation, Inc.

The document number of the corporation is N12000001628.

Adoption of Dissolution

The Written Resolution of the Sole Member of the Corporation was adopted and executed in accordance with section 617.0701, Florida Statutes.

The date of adoption of the Written Resolution was December 17, 2015.

Effective date of dissolution is December 17, 2015.


Edward E. Crutchfield, Member PD

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, *Florida Statutes*.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The Crutchfield-Cunningham Foundation, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

1. Name of Claimant
2. Contact information for Claimant – *address, phone number and e-mail address.*

Mailing address where claims can be sent:

401 South Tryon Street, Suite 2800
Charlotte, NC 28202

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.


Edward E. Crutchfield, Sole Member