

N13000009085

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of VFW Post 6287 Men's Auxillary Inc.

DOCUMENT NUMBER: N13000009085

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

Please return all correspondence concerning this matter to the following:

Bill McConnell

(Name of Contact Person)

(Firm/Company)

1101 Ventana Dr

(Address)

Ruskin, Fl. 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill McConnell

(Name of Contact Person)

at 813
(Area Code)

633-6679

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

REVISED
FORM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHECK PROCESSED
April 1, 2016

THANK YOU

Bill McConnell
1101 Ventana Dr.
Ruskin, FL 33573

SUBJECT: VFW POST 6287 MEN'S AUXILIARY INC.
Ref. Number: N13000009085

We have received your document for VFW POST 6287 MEN'S AUXILIARY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out either section I or II not both.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 116A00006736

RECEIVED
16 APR 18 PM 5:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

VFW Post 6287 Men's auxillary Inc

SECOND: The document number of the corporation (if known): 13000009085

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

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

Oct. 16 2015

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

FOURTH Effective date of dissolution, if applicable: December 30th 2015

(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: _____

(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)

BARBARA HARRELL

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
16 APR 18 PM 1:28
SECRETARY OF STATE
FLORIDA