## N1400000 9832

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: CARYN J. CLAYMAN CHARITABLE FOUDNATION INC. DOCUMENT NUMBER: N14000009832 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARYN CLAYMAN, ESQ (Name of Contact Person) CARYN J CLAYMAN PA (Firm/Company) POBOX 810186 (Address) BOCA RATON, FL 33481-0186 (City/State and Zip Code) For further information concerning this matter, please call: CARYN CLAYMAN (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee 🚨 \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Certified Mail 7016 2710 0000 3152 8515

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

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: FIRST: CARYN J CLAYMAN CHARITABLE FOUNDATION INC The document number of the corporation (if known): N14000009832 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION | 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 . 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 JUNE 15, 2019 The number of directors in office was  $\frac{3}{2}$  and the vote for resolution was  $\frac{3}{2}$  for and 0 against. (Must be a majority vote) Effective date of dissolution, <u>if applicable</u>: SEPTEMBER 15, 2019 **FOURTH** (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. (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) CARYN CLAYMAN (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35

(Title of person signing)

## 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, F.S.

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

CARYN J CLAYMAN CHARITABLE FOUNDATI	ION INC
Date of dissolution will be the date the dissolution is filed with the Dep of Dissolution.	artment of State or as specified in the Articles
Description of information that must be included in a claim:	
CLAIM MUST BE IN WRITING AND INCLUDE THE FOLLOWING:	
NAME AND ADDRESS OF CLAIMANT	
AMOUNT OF CLAIM, BASIS FOR CLAIM AND DATE SERVICES RENE	DERED THAT ARE SUBJECT OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to th	he Division of Corporations)
CARYN CLAYMAN, ESQ	
PO BOX 810186	
BOCA RATON, FL 33481	
A claim against the above named corporation will be barred unless a p within 4 years after the filing of this notice.	roceeding to enforce the claim is commenced
CARYN CLAYMAN  Printed Name of the Person Filing	Clinary Caryman Signature of the Person Filing