

N15000000873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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18 DEC 15 PM 3:50
SECRETARY OF STATE
DELAWARE

dissolution with notice

DEC 19 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ADDICTION RECOVERY NETWORK FOUNDATION INC

DOCUMENT NUMBER: N15000000873

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

Please return all correspondence concerning this matter to the following:

MARK S. ROSEMAN

(Name of Contact Person)

MARK S. ROSEMAN P.C.

(Firm/Company)

1003 EASTON ROAD, SUITE # C-103, THE REGENCY TOWERS, CHATEAU BUILDING

(Address)

WILLOW GROVE PENNSYLVANIA 19090

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK S. ROSEMAN

(Name of Contact Person)

at (215)

(Area Code)

830-3000

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

FILED
10 DEC 15 PM 3:50
TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2016

MARK S. ROSEMAN
MARK S. ROSEMAN, P.C.
1003 EASTON ROAD, SUITE #C-103
WILLOW GROVE, PA 19090

SUBJECT: THE ADDICTION RECOVERY NETWORK FOUNDATION, INC.
Ref. Number: N15000000873

We have received your document for THE ADDICTION RECOVERY NETWORK FOUNDATION, 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):

In the Third section of the application for Adoption of Dissolution you are to complete either Section I or Section II not both. Please make the proper correction and return the document to our office.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 116A00025296

RECEIVED
16 DEC 15 PM 3:04
FLORIDA 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:
THE ADDICTION RECOVERY NETWORK FOUNDATION INC.

SECOND: The document number of the corporation (if known): N15000000873

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

_____. 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 NOVEMBER 1, 2016

The number of directors in office was ONE and the vote for resolution was ONE for and NONE against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: NOVEMBER 1, 2016
(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)

ADAM WEIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
16 DEC 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE

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.

Name of Corporation: THE ADDICTION RECOVERY NETWORK 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:

NO KNOWN CLAIMS

FILED
16 DEC 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MARK S. ROSEMAN, 1003 EASTION ROAD, SUITE# C-103, WILLOW GROVE PENNSYLVANIA 19090

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.

ADAM WEIL, PRESIDENT

Printed Name of the Person Filing

Signature of the Person Filing

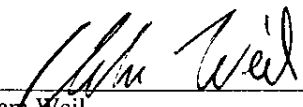
Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

RESOLUTION OF BOARD OF DIRECTORS OF
THE ADDICTION RECOVERY NETWORK FOUNDATION INC

RESOLVED, That, in the judgment of the Board of Directors of this Corporation, it is deemed advisable to terminate the activities of the Corporation and file with the Secretary of State with the State of Florida, the necessary Articles of Dissolution as of November 1, 2016.

I, Adam Weil, do hereby certify that I am the duly elected and qualified Officer of the Corporation and the keeper of the records and corporate seal of The Addiction Recovery Network Foundation Inc., a Corporation organized and existing under the laws of the State of Florida, and that the above is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors thereof, convened and held in accordance with law and the Bylaws of said Corporation on November 1, 2016, and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as President and Secretary of the Corporation to be hereunto affixed, this 16th day of November, 2016.



Adam Weil
President and Secretary