Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002166103)))

H180002166103ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : COBS & COLE Account Number : T20030000050 Phone : (386)323-9251

Fax Number

: (386)258-5068

DISSOLUTION OR WITHDRAWAL FUN COAST WORKSITE WELLNESS COUNCIL, INC.

RECEIVED 8 JULZ7 AH 9: 03 CRETARY OF STATE

Certificate of Status	0
Certified Copy	11
Page Count	02
Estimated Charge	\$43.75

ANT DISS

JUL 3 0 2018

TALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

COBBCOLE

H8000216610.3

71/5 14 9. PAGE 82/83

ARTICLES OF DISSOLUTION OF FUN COAST WORKSITE WELLNESS COUNCIL, INC.

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

ARTICLE !

The name of this Corporation as currently filed with the Florida Department of State is Fun Coast Worksite Wellness Council, Inc.

ARTICLE IJ

The document number of the Corporation is N15000002012.

ARTICLE III

The Corporation has no members entitled to vote on the dissolution. The board of directors resolved to dissolve the Corporation by resolution dated 2018. All directors voted for dissolution.

ARTICLE IV

Dissolution shall be effective as of the filing of these articles with the Florida Department of State Division of Corporations.

Dated: 7-17, 2018

Mica Lill Treasurer/Director

(044145-001); AKURA/AKURA (02293761.DOCX); U

H1800@ (6610 3

3852489323 H8000 216610_3

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 Florida Statutes, s. 617.1407.

Name of Corporation: Fun Coast Worksite Wellness Council, Inc.

claim is commenced within 4 years after the filing of this notice,

The Date of Dissolution will be the date the Articles of Dissolution is filed with the Department of State.

Description of Information that must be included in a claim; Name of claimant, nature of claim, amount of claim, and date claim accrued.

Mailing	g addres	ss where ci	laims can	be sent:	c/o			
	70 1	Woodba	I've L	are 01	3, FC	3217	7	
A claim	agains	t the above	named co	orporation	will be bar	red unless	a proceeding to	enforce the

1044148-001 : AKURA/AKURA : 02293761.DOCX; 1)

418000216610