

| (Requestor's Name) | |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only



700276073357

08/17/15--01046 -005 **35.00

ALLAHASSEE, PLORI

1 AUS 17 AM 9:

AUG 19 2015 R. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Dissolution of Family Promise of Indian River Caty |
| DOCUMENT NUMBER: <u>(V 1500000 28/4</u> |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| B. J. Sammartino (Name of Contact Person) |
| Family Promise of Indian River County, Inc |
| 51 Cachy Cay Dr. (Address) |
| Veno Beach Pl 32963 (City/State and Zip Code) b; samm@icloud.com |
| For further information concerning this matter, please call: |
| Betty Jean Sommortino at (772) 473-3545 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| Striling Fee Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status 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 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Family Promise of Indiankiver County, Inc The document number of the corporation (if known): N/5 00000 28/4 SECOND: 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 June 150/5. The number of directors in office was ______ and the vote for resolution was ______ for and ______ against. (Must be a majority vote) Effective date of dissolution, if applicable: June / 20/5
(no more than 90 days after dissolution file date) **FOURTH** 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: B. I Samma line (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) Betty Jean Sommart, no
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

Filing Fee: \$35