

N1500000 6681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

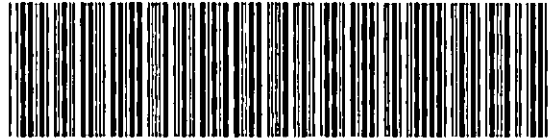
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/19--01018--020 **45.75

2019 MAR -1 P 4 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 08 2019
T. LEMELX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution _____

DOCUMENT NUMBER: N15000006681 _____

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

Please return all correspondence concerning this matter to the following:

Adriane Reeseey

(Name of Contact Person)

111TC

(Firm/Company)

6703 Westwood Blvd WEST

(Address)

Tamarac, FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

Adriane Reeseey

at (954)

8998911

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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

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:

11TC, Inc

SECOND: The document number of the corporation (if known): N15000006681

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 11/30/18. The number of votes cast by the members 11/30/18 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: 3/31/19

(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)

Adriane Reese

(Typed or printed name of person signing)

Project Director

(Title of person signing)

Filing Fee: \$35

FILED
2019 MAR -1 P 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IHTC, 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:

The IHTC will dissolve as a non profit to allow a University entity (existing non profit) to take over the project.

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

IHTC
6703 Westwood Blvd WEST
Tamarac, FL 33321

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.

Adriane Reeseey

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