

N15000009311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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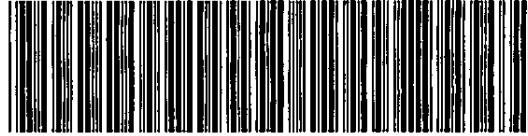
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

dissolution

SEP 24 2015

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF A CORPORATION THAT HAS NOT COMMENCED

DOCUMENT NUMBER: N150000008311

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

Please return all correspondence concerning this matter to the following:

CANDACE S WISE
(Name of Contact Person)

DONALD WISE KIDNEY FUND INC
(Firm/Company)

514 HAGER DR
(Address)

OCFEE FL 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code) (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

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SECRETARY OF STATE

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

DONALD WISE KIDNEY FUND INC

SECOND: The document number of the corporation (if known): N 15000008311

THIRD: The file date of the articles of incorporation: AUGUST 24 2015

FOURTH: The corporation has not commenced to conduct its affairs. NO CLAIMS.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☒ The dissolution was authorized by a majority of the incorporators.

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Signature: Candace S. Wise

(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)

CANDACE S WISE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35