

N16066002439

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S. TALLENT

NOV 23 2016

V/D-W/ndice

FILED  
16 NOV 21 PM 6:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution, Notice of Dissolution and Plan of Distribution

**DOCUMENT NUMBER:** N1600002439

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

Please return all correspondence concerning this matter to the following:

Scott M. Wellikoff, Esq.

(Name of Contact Person)

Wellikoff Law, P.A.

(Firm/Company)

19638 Estuary Drive

(Address)

Boca Raton, FL 33498

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Wellikoff

at ( 917 )

816-5058

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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  
OF  
FLORIDA HEALTH CARE SOCIAL WORKERS ASSOCIATION, INC.**

Pursuant to section 607.1403, Florida Statutes, this Florida non-profit corporation, submits the following Articles of Dissolution


FIRST: The name of the corporation is Florida Health Care Social Workers Association, Inc. (the "Corporation")

SECOND: The document number of the corporation is: N16000002439

THIRD: The Corporation has no known members entitled to vote on dissolution. The dissolution was authorized by the sole director and sole officer of the Corporation by unanimous vote.

FOURTH: The effective date of dissolution of the Corporation shall be upon the filing of these articles with the Secretary and State

IN WITNESS WHEREOF, the undersigned as the sole director/officer of the corporation has executed these Articles of Dissolution on September 1st, 2016

  
Pedro Curbelo, Director and President

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16 NOV 21 PM 6:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

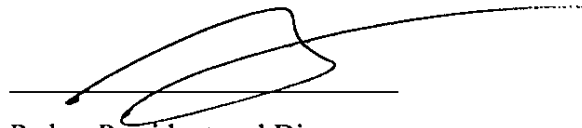
## NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

1. This "***Notice of Corporation Dissolution***" is optional and is not required when filing a voluntary dissolution.
2. Name of Corporation: Florida Health Care Social Workers Association, Inc.
3. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.
4. Description of information that must be included in a claim:
  - a. Name of claimant:
  - b. Address of claimant:
  - c. Description of claim:
  - d. Documentation of claim, including invoice, receipt, etc.
  - e. Claim must be made within 120 days of effective date
5. Mailing address where claim can be sent: (Claims cannot be sent to the Division of Corporations)

Pedro Curbelo  
10279 NW 46<sup>th</sup> Street  
Sunrise, FL 33351

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.



Pedro, President and Director

**PLAN OF DISTRIBUTION  
OF  
FLORIDA HEALTH CARE SOCIAL WORKERS ASSOCIATION, INC.**

Pursuant to the resolution adopted by Florida Health Care Social Workers Association, Inc. (the "Corporation"), all assets of the Corporation shall be distributed as follows in conjunction with the dissolution of the Corporation.

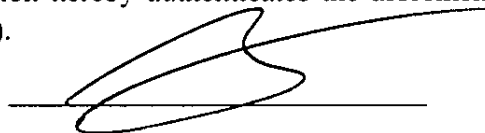
1. All liabilities and obligations of the corporation shall be paid and discharged, or adequate provisions shall be made for them.
2. Any assets held by the corporation upon condition of return, transfer or conveyance, which condition occurs by reason of the Corporation's dissolution, shall be returned, transferred or conveyed in accordance with such requirements.
3. Any assets received and held by the corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational, or similar purposes, but not held upon condition requiring return, transfer or conveyance by reason of the Corporation's dissolution, shall be transferred or conveyed to one or more of the following domestic or foreign corporations, trusts, societies, or organizations that are engaged in activities substantially similar to those of the Corporation.

Community Health Resources, Inc and Miami Dade Coalition on Aging, Inc.

4. Other assets, if any, shall be distributed in accordance with applicable provisions of the articles of incorporation or the bylaws to the extent that the articles of incorporation or the bylaws determine the distributive rights of members, or any class or classes of members, or provide for distribution to others.
5. Any remaining assets shall be distributed to such persons, trusts, societies, organizations, or domestic or foreign corporations, whether for profit or not for profit, as specified in the plan of distribution of assets.
6. The officer of the Corporation shall do all acts and things provided for in this Plan and any and all other acts and things that are deemed necessary by the officer or advisable to effectuate the distribution of the Corporate assets and to carry out fully this Plan in accordance with the laws of the State of Florida.

The sole director and shareholder of the Corporation hereby authenticates the aforementioned Plan and certifies compliance with F.S. 617.1406(2).

Effective as of 9/1/16

  
Pedro Curbelo, Director and President