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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

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SUBJECT: DISSOLVTION OF DECAMS FOUNDATION INC.

DOCUMENT NUMBER: <u>*N* 16000010018</u>

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

Please return all correspondence concerning this matter to the following:

MICHAEL DEGENNARO			
(Name of Co	ontact Person)		
(Firm/C	ompany)		
10685 NE CANYONS	RANCH DRIN	IE	
(Address)			
City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MICHAEL DE GENNARO	at (54/ )74	9-8848	
(Name of Contact Person)		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)	Certificate of Status &	

### 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:

DECAMS FOUNDATION INC.

The document number of the corporation (if known): <u>N16000010018</u> SECOND:

THIRD: Adoption of Dissolution (COMPLETE SECTION 1 OR II)

> SECTION I If the corporation has members entitled to vote:

JUL 23 PH (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted.

JULY 9, 2018\_ \_\_\_\_. The number of votes cast by the members was sufficient for

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)

Effective date of dissolution, <u>if applicable</u>: <u>SEPTENBER 4, 2018</u> (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:

ichael in Lanars

(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)

(Typed or printed name of person signing)

PRE SI DENT (Title of person signing)