

NI700000 2982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

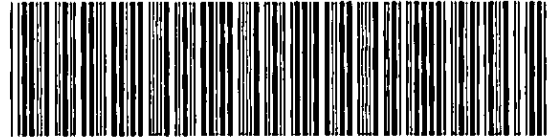
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 20 2018

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2018 DEC 19 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2018

OPHELIA MCDANIELS  
P.O. BOX 8931  
PORT ST LUCIE, FL 34985

SUBJECT: BLACK NURSES ASSOCIATION OF THE TREASURE COAST (FL),  
INCORPORATED  
Ref. Number: N17000002982

We have received your document for BLACK NURSES ASSOCIATION OF THE TREASURE COAST (FL), INCORPORATED and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no provision in Florida statute for a not for profit corporation to convert to a limited liability company. The not for profit corporation would first need to be dissolved. Then, you would need to file articles of organization for a Florida limited liability company. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 318A00023562

RECEIVED  
2018 DEC 18 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Black Nurses Association of the Treasure Coast (FL), Incorporated

**DOCUMENT NUMBER:** N17000002982

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

Please return all correspondence concerning this matter to the following:

Ophelia McDaniels

\_\_\_\_\_  
(Name of Contact Person)

Black Nurses Association of the Treasure Coast (FL), Incorporated

\_\_\_\_\_  
(Firm/Company)

2913 SE Cates Circle

\_\_\_\_\_  
(Address)

Port Saint Lucie, Florida 34952

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ophelia McDaniels

at ( 772 )

812-4100

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input 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 checked="" 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

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:

Black Nurses Association Of The Treasure Coast (FL), Incorporated

SECOND: The document number of the corporation (if known): N17000002982

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

9/08/2018

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 \_\_\_\_\_

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: \_\_\_\_\_

(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: Ophelia McDaniels

(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)

Ophelia McDaniels

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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