N17000007770

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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4 , -	COVER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF 501C3 CO	
DOCUMENT NUMBER: N17000007	7770
The enclosed Articles of Dissolution	and fee are submitted for filing.
	<u>-</u>
Please return all correspondence conce	erning this matter to the following:
CHRISTINE PONTICELLI	
(1	Name of Contact Person)
BROWARD FERRET RESCUE INC	1
	(Firm/Company)
1166 SW THOREAU COURT	
	(Address)
PALM CITY, FL 34990	
(0	City/State and Zip Code)
For further information concerning thi	is matter, please call:
CHRISTINE PONTICELLI	954 6216336
(Name of Contact Person)	at (
Enclosed is a check for the following	amount: □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of □ □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of □
■\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Status & Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed) Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to Articles of l	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:				
FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	BROWARD FERRET RESCUE INC				
SECOND:	The document number of the corporation (if known): N17000007770				
THIRD:	Adoption of Dissolution (COMPLETE SECTION LOR 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				
	. The number of votes cast by the members was sufficient for				
	approval.				
with	☐ The resolution was adopted by written consent of the members and executed in accordance				
	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: 2/28/23 (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: DBA THE AGE (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)				
	DONA MICHAELS				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing/Fee: \$35

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.

Printed Name of the Person Filing	Signature of the Person Filing
CHRISTINE PONTICELLI	CPriti celle
A claim against the above named corporation will be barred un within 4 years after the filing of this notice.	less a proceeding to enforce the claim is commenced
	m U
	<u> </u>
SECRETARY FOR RESCUE	
CHRISTINE PONTICELLI/1166 SW THOREAU CT/PALM CITY	Come cregor
Mailing address where claims can be sent: (Claims cannot be s	
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<u> </u>	
CLOSURE WILL BE INEFFECT ON $2/28/23$:	
CLOSE THE 501C3 AND DISSOLVE ALL NECESSARY AND RE	LATED DOCUMENTATION.
ON 1/1/23 IT WAS DECIDED BY DONA MICHAELS TO VOLUN	TARILY
Description of information that must be included in a claim:	
Date of dissolution will be the date the dissolution is filed with of Dissolution.	he Department of State or as specified in the Articles
Name of Corporation: BROWARD FERRET RESCUE INC	
BROWARD FERRET RESCUE INC	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00