Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000785963)))



H210000785963ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DUANE MORRIS LLP Account Number : I19990000059 Phone : (305)960-2217

Fax Number : (305

: (305)397-2683

DISSOLUTION OR WITHDRAWAL VFR FOUNDATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$43.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

V 3111 KFF FEB 2 11 2021

H21000078596

ARTICLES OF DISSOLUTION

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | | | | | | | | | |
|---|---|----------|----------|--|--|--|--|--|--|--|
| | VFR FOUNDATION, INC. | | | | | | | | | |
| SECOND: | The document number of the corporation (if known): N18000007634 | | | | | | | | | |
| THIRD: | Adoption of Dissolution (COMPLETE SECTION I OR II) | | | | | | | | | |
| | SECTION I If the corporation has members entitled to vote: | | | | | | | | | |
| | (CHECK/COMPLETE ONE) L. The date of meeting of members at which the resolution to dissolve was adopted. | ed | | | | | | | | |
| | . The number of votes cast by the members was sapproval. | ufficier | nt for | | | | | | | |
| 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 dissolu | tion: | T | | | | | | | |
| | 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 | Ņ | | | | | | | | |
| | The date of adoption of the resolution by the board of directors was | | <u> </u> | | | | | | | |
| | The number of directors in office was and the vote for resolution was and against. (Must be a majority vote) | 3 | for | | | | | | | |
| FOURTH | Effective date of dissolution, <u>if applicable</u> : (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, | | will not | | | | | | | |
| | be listed as the document's effective date on the Department of State's records. | | | | | | | | | |
| | (By the chairman or vice chairman of the board, president or other officer- if directors have not been sel incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fide | | an | | | | | | | |
| | R. Henry Di Giacinto | | | | | | | | | |
| | (Typed or printed name of person signing) | | | | | | | | | |
| | President | | | | | | | | | |

From: Tara Miller

| | • | • | | _ | _ | • | ~ | _ | _ | _ | • | _ |
|---|---|---|----|----|----|----|---|---|---|----|---|---|
| _ | _ | 2 | 1. | SI | ſΥ | 81 | | | v | ٤. | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| 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. | | | | | |
| Name of Corporation: VFR Foundation, Inc. | | | | | |
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. | | | | | |
| Description of information that must be included in a claim: | | | | | |
| A reasonable description of the claim, including the amount claimed and circumstances surrounding the claim; the | | | | | |
| identity of the claimant; and the mailing address of the claimant. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | | | | | |
| c/o R. Henry Di Giacinto | | | | | |
| 623 Westwood Road | | | | | |
| West Palm Beach, FL 33401 | | | | | |
| | | | | | |
| 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. | | | | | |
| R. Henry Di Giacinto Printed Name of the Person Filing Signapore of the Person Filing | | | | | |
| Printed Name of the Person Filing Signature of the Person Filing | | | | | |