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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : WERMUTHLAN, P.A.  
Account Number : I20020000138  
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DISSOLUTION OR WITHDRAWAL  
SLOW NO WAKE FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
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2024 DEC -5 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REC. 12/05/24

## 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:  
SLOW NO WAKE FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N22000001300

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

\_\_\_\_\_. 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 December 5, 2024

The number of directors in office was <sup>3</sup> and the vote for resolution was <sup>3</sup> for and <sup>0</sup> 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: \_\_\_\_\_

(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)

J. Michael Wermuth

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(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.*

Name of Corporation: SLOW NO WAKE 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. Name of the claimant;

B. A brief description of the claim;

C. The amount of the claim;

D. Contact information for the appropriate representative of the claimant, including the name, mailing address, e-mail address and telephone number of the claimant's representative.

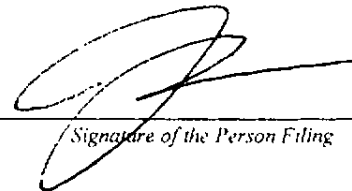
*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

J. Michael Wermuth, Director of Slow No Wake Foundation, Inc., 1989 NW 88 Court, Suite 101, Doral, FL 33172

*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.*

J. Michael Wermuth, as Director

*Printed Name of the Person Filing*



*Signature of the Person Filing*

2024 DEC -5 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA