

N 30413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

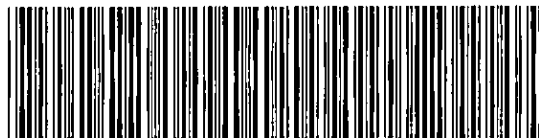
(Document Number)

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MAY 24 2019

2019 MAY 23 AM 8:09
SECRETARY OF STATE
TALLER, MISS G. FL

FILED

V/D

REC May 23, 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 774542 7264302

AUTHORIZATION



COST LIMIT : \$ 35.00

ORDER DATE : May 20, 2019

ORDER TIME : 9:32 AM

ORDER NO. : 774542-030

CUSTOMER NO: 7264302

DOMESTIC FILINGS

NAME: RIVERSIDE VOA ELDERLY HOUSING,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Riverside VOA Elderly Housing, Inc.

DOCUMENT NUMBER: N30493

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

Please return all correspondence concerning this matter to the following:

Mitzie Smith-Mack

(Name of Contact Person)

Volunteers of America, Inc.

(Firm/Company)

1660 Duke St.

(Address)

Alexandria, VA 22314

(City/State and Zip Code)

For further information concerning this matter, please call:

Mitzie Smith-Mack

(Name of Contact Person)

at (703)

(Area Code)

341-5030

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
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:
Riverside VOA Elderly Housing, Inc.

SECOND: The document number of the corporation (if known): N30493

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:

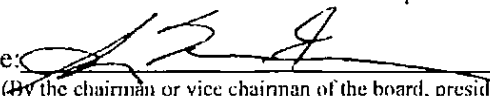
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 02/17/2017.

The number of directors in office was 12 and the vote for resolution was 12 for and 0 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)

Sharon Wilson Geno

(Typed or printed name of person signing)

Assistant Secretary / Treasurer

(Title of person signing)

Filing Fee: \$35

FILED
2019 MAY 23 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FL