

N35917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

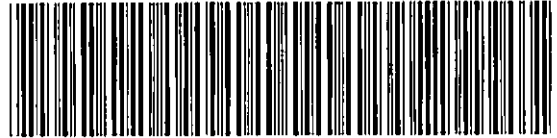
(Document Number)

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19 MAY 23 AM 10:37

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2019 MAY 23 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

VID

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

ACCOUNT NO. : I20000000195  
REFERENCE : 774542 7264302  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : May 20, 2019  
ORDER TIME : 9:32 AM  
ORDER NO. : 774542-035  
CUSTOMER NO: 7264302  
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DOMESTIC FILINGS

NAME: GREATER MIAMI VOA ELDERLY,  
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:** Greater Miami VOA Elderly Housing, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** N35917  
\_\_\_\_\_

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:

Tracy Manganelli

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

703

at (\_\_\_\_\_) \_\_\_\_\_

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

SECOND: The document number of the corporation (if known): N35917

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 8:57  
SECRETARY OF STATE  
FLORIDA