

N37539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

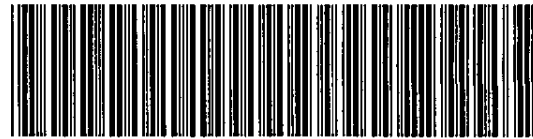
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00721, 00524, 00671

DOOR
2/10/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Genoa Volunteer Fire Department

DOCUMENT NUMBER: N37539

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

Please return all correspondence concerning this matter to the following:

William H. Hunter

(Name of Contact Person)

Genoa Volunteer Fire Department

(Firm/Company)

8448 SE 137th Blvd

(Address)

White Springs, FL 32096

(City/State and Zip Code)

For further information concerning this matter, please call:

William H. Hunter

(Name of Contact Person)

at (850)

(Area Code)

973-9448

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

December 5, 2014

**William H. Hunter
Genoa Volunteer Fire Department
8448 SE 137th Blvd.
White Springs, FL 32096**

**SUBJECT: GENOA VOLUNTEER FIRE DEPARTMENT, INC.
Ref. Number: N37539**

We have received your document for GENOA VOLUNTEER FIRE DEPARTMENT, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please sign the articles of dissolution as the treasurer in the space provided at the bottom of page 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

**Annette Ramsey
Regulatory Specialist II**

Letter Number: 714A00025696

RECEIVED

15 FEB -9 PM 2:00

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32314**

ARTICLES OF DISSOLUTION

FILED

2014 NOV 26 PM 1:09

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Genoa Volunteer Fire Department, INC.

SECOND: The document number of the corporation (if known): N37539

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

November 20, 2014. 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 _____.

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: November 20, 2014
(no more than 90 days after dissolution file date)

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)

William H. Hunter

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35