

N37737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200171470322

03/10/10--01036--007 **35.00

FILED
STATE CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA
10 MAR 18 PM 3:02

EFFECTIVE DATE

March 30, 10

Att Dis
@ 3/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Hernando County Council For Veterans Affairs /NC

DOCUMENT NUMBER: N37737

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

Please return all correspondence concerning this matter to the following:

Edward M Baker

(Name of Contact Person)

Hernando County Council For Veterans Affairs /NC

(Firm/Company)

25824 Haddon Rd.

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Baker

(Name of Contact Person)

at (352) 796-7079

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

March 11, 2010

EDWARD M. BAKER
HERNANDO COUNTY COUNCIL FOR VETERANS
25824 HADDON RD.
BROOKSVILLE, FL 34601

SUBJECT: HERNANDO COUNTY COUNCIL FOR VETERANS AFFAIRS INC.
Ref. Number: N37737

We have received your document for HERNANDO COUNTY COUNCIL FOR VETERANS AFFAIRS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures. ✓

The form is incomplete and you failed to sign the form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00006061

RECEIVED
2010 MAR 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
March 30, 10

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:

Hernando County Council For Veterans Affairs IAC

SECOND: The document number of the corporation (if known): N37737

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 the meeting of members at which the resolution to dissolve was adopted
Dec 8, 2009. 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:

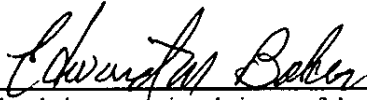
The corporation has no members or members entitled to vote on the dissolution.

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)

10 MAR 18 PM 3:00
RECEIVED
FLORIDA DEPARTMENT OF
STATE

FOURTH: Effective date of dissolution if applicable: 30 Mar 2010
(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.)

Edward M. Baker
(Typed or printed name of the person signing)

Finance Officer
(Title of person signing)

FILING FEE: \$35