

N38791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

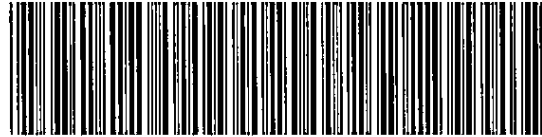
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2019 MAY 19 A 8:30
STATE OF FLORIDA
TALLAHASSEE

MAY 21 2019
T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISABILITY ADVOCACY & ACCESS NETWORK, INC.

DOCUMENT NUMBER: N38791

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

Please return all correspondence concerning this matter to the following:

PATRICIA L KENNEDY

(Name of Contact Person)

DISABILITY ADVOCACY & ACCESS NETWORK, INC.

(Firm/Company)

9205 NW 80TH STREET

(Address)

TAMARAC, FLORIDA 33321-1404

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA L KENNEDY

(Name of Contact Person)

at (954)

(Area Code)

663-2253

(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 checked="" 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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 B. W. Bush Blvd., Suite 200
Tallahassee, FL 32301-3000

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: DISABILITY ADVOCACY & ACCESS NETWORK, INC

SECOND: The document number of the corporation (if known): N38791

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 SEPTEMBER 18, 2018.

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: N/A
(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: PATRICIA L. KENNEDY
(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)

PATRICIA L KENNEDY

(Typed or printed name of person signing)

SECRETARY-TREASURER

(Title of person signing)

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: DISABILITY ADVOCACY & ACCESS NETWORK, 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 STATEMENT OF CLAIM: DATE, DOLLAR AMOUNT, DESCRIPTION OF TRANSACTION OR REASON

CONTACT PERSON, PHONE, EMAIL, COMPANY NAME, ADDRESS AND TAX IDENTIFICATION NUMBER ON

COMPANY LETTERHEAD.

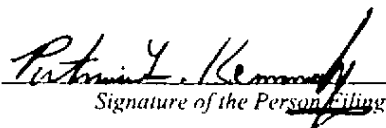
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9205 NW 80TH STREET, TAMARAC, FLORIDA 33321-1404

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.

PATRICIA L KENNEDY

Printed Name of the Person Filing


Signature of the Person Filing

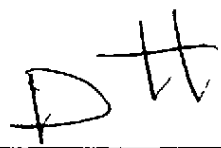
DisAbility Advocacy & Access Network, Inc.

9205 NW 80th Street, Tamarac, FL 33321-1404

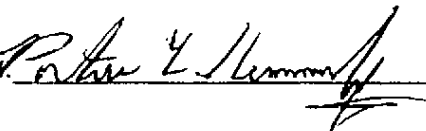
To Whom It May Concern,

This is to make it known that, as a result of our recent board meeting held on 9/18/18, the 501-(C) 3 organization known as DisAbility Advocacy & Access Network, Inc. (EIN #: 65-0224680), does hereby declare itself to be Voluntarily INACTIVE. The decision made by a unanimous vote of the Board of Directors overseeing DisAbility Advocacy & Access Network, Inc. EIN # 65-0224680), shall be officially in effect as of September 28th, 2018.

We have closed our bank accounts, have discontinued our programs/projects and have donated the remaining funds in our bank accounts \$ 1,802.24 to CommonUnity, Inc., of Deerfield Beach, Florida; another 501(C)3 organization with a mission statement similar to that of DisAbility Advocacy & Access Network, Inc. DisAbility Advocacy & Access Network, Inc., will hereby ceases all operations and involvements on 9/28/18 by signature of our board:

Dennis Haynes:  Date: 9-24-2018

Sari Fields:  Date: 9/24/2018

Patricia L. Kennedy:  Date: 9-24-2018

Cc: Internal Revenue Service

Florida Department of State

Florida Department of Agriculture and Consumer Services



2511 SW 15th Street
Deerfield Beach, FL 33442
754-227-7738

TAX RECEIPT

Name of Donor: DisAbility Advocacy & Access Network, Inc.

Donor's Address: 9205 NW 80th St, Tamarac, FL 33321-1404

With sincere appreciation, your donation to CommonUnity, Inc. is hereby acknowledged

9/26/18

DATE

Volunteer receiving donation on behalf of the organization is:

[Signature]
NAME

President
TITLE

All items donated to CommonUnity, Inc. are deductible for income tax purposes at their present fair market value. The internal Revenue Code places the responsibility of establishing the "Fair Market Value" of all donated items upon the donor(s), not upon the organization receiving the donated gift. The market value is interpreted as the price which a buyer is willing to pay and a seller is willing to accept.

No goods or services were received in exchange for this donation/gift.

Donation: \$1,802⁰⁴

Condition of Donation: Cash

"Fair Market Value" of Donation: _____

CommonUnity, Inc. is a 501(C)3 organization, exempt from Federal Income Tax; serving Broward County's special needs and underserved populations. Tax ID# 80-0245545 Thank-you!