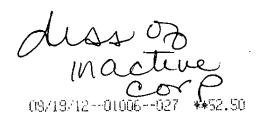
N4054

(Requestor's Name)		
(Ad	ddress)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
		,
(D	ocument Number)	
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September 20, 2012

Curtis T. Bowden
Sarasota County Technical Institute
4748 Beneva Road
Sarasota, FL 34233

SUBJECT: SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER

FOUNDATION, INC. Ref. Number: N40541

We have received your document for SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 012A00023659

COVER LETTER

SUBJECT: Sarasota County Vocational - Technical Center Foundation, Inc.
DOCUMENT NUMBER: N4054
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Todd Bowden Director (Name of Contact Person)
Savalota County Technical Institute (Film/Company)
4748 Beneva Road (Address)
Sarasota, FC 34233 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Kern at (941) 924-1365 x 62309 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Bigcup \\$35 \text{ Filing Fee } \Bigcup \\$43.75 \text{ Filing Fee } \Bigcup \\$43.75 \text{ Filing Fee } \Bigcup \\$52.50 \text{ Filing Fee,} \Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\Bigcup \\$35 \text{ Filing Fee } \Bigcup \\$52.50 \text{ Filing Fee,} \Certified \text{ Certified Copy} \(\text{ Additional copy is enclosed)} \]

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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

FILED DCT-9 AMII:58

ARTICLES OF DISSOLUTION

SECTIL TARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Sarasota, County Vocational-Technical Center Foundation, he. The document number of the corporation (if known): <u>N40541</u> SECOND: 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 . 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 ______ (0 11 12 The number of directors in office was and the vote for resolution was against. (must be a majority vote) for and

Effective date of dissolution if applicable:	8/31/12
	(no more than 90 days after dissolution file date)
Signature	
(By the chairman or vice chairman of officer- if directors have not been sele	cted, by an incorporator- if in
the hands of a receiver, trustee, or other by that fiduciary.)	er court appointed fiduciary,
oy u.u. naasuny,	
,	•
Todd Bowden	
(Typed or printed name of the	ne person signing)
Director SCTI	
(Title of person signature)	gning)

FOURTH:

FILING FEE: \$35