

N42899

Florida Department of State  
Division of Corporations  
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06 JUN 27 AM 8:00  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06 JUN 27 AM 10:43  
FILED

DISSOLUTION OR WITHDRAWAL

LIST FAMILY CHARITABLE FOUNDATION, INC.

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06 JUN 27 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

LIST FAMILY CHARITABLE FOUNDATION, INC.

**SECOND:** The document number of the corporation (if known): N42899

**THIRD:** Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
May 2, 2005

(CHECK ONE)

- The number of votes cast for dissolution was sufficient for approval.
- The resolution was adopted by written consent and executed in accordance with 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)

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FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature Cynthia S List  
(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)

Cynthia List  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**

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PLAN OF DISTRIBUTION OF ASSETS

Pursuant to Section 617.1406, Florida Statutes, this Florida not for profit corporation adopts the following Plan of Distribution of Assets:

1. The name of the corporation as currently filed with the Florida Department of Revenue is List Family Charitable Foundation, Inc.
2. The document number of the corporation is N42899.
3. The corporation has members that are entitled to vote on a Plan of Distribution.
4. The date of adoption of the Plan of Distribution of Assets by the members was May 2, 2005.
5. The number of votes cast for the Plan of Distribution was sufficient for approval.
6. The Plan of Distribution of Assets provides that all liabilities and obligations of the corporation be paid and discharged immediately.
7. Any assets remaining after the payment of liabilities and obligations of the corporation shall be distributed to the following 501(c)(3) charitable organization:

Jewish Federation of Palm Beach County, Inc.	\$86,650.00
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Signed this 13<sup>th</sup> day of June, 2006

Cynthia S. List  
 Cynthia S. List  
 as President of List Family Charitable Foundation, Inc.

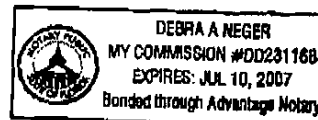
STATE OF FLORIDA )

COUNTY OF PALM BEACH )

Before me, the undersigned authority personally appeared CYNTHIA S. LIST, who acknowledged before me that she signed the foregoing document for the purposes therein expressed this 13<sup>th</sup> day of JUNE, 2006. She is personally known to me or she produced \_\_\_\_\_ as identification.

Debra A. Negeer  
 Notary Public  
 Print Name: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

(SEAL)



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OFFICER'S CERTIFICATE OF COMPLIANCE

The undersigned President of List Family Charitable Foundation, Inc. hereby certifies the following:

The attached Plan of Distribution of Assets was adopted by the members of President of List Family Charitable Foundation, Inc., in compliance with subsection 2 of section 617.1406, Florida Statutes.

Dated:

Cynthia S. List  
Cynthia S. List  
as President of List Family Charitable Foundation, Inc.

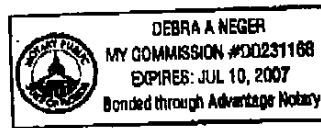
STATE OF FLORIDA )

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Notary Public  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(SEAL)



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