

N94000000081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

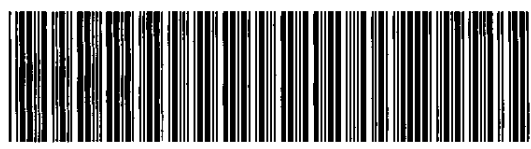
(Business Entity Name)

(Document Number)

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10/28/10--01012--012 \*\*35.00

EFFECTIVE DATE  
H-30-10

VB

FILED  
10 OCT 28 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts NOV 01 2010  
Roberts NOV 01 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Floridians for Improved Elderly Care Inc.

**DOCUMENT NUMBER:** N94000000081

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

Please return all correspondence concerning this matter to the following:

Edward D. Forman

(Name of Contact Person)

Floridians for Improved Elderly Care Inc.

(Firm/Company)

11246 Big Canoe

(Address)

Big Canoe, GA 30143

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward D. Forman

(Name of Contact Person)

at ( 706 ) 579-1227

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

11-30-10  
**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:  
Floridians for Improved Elderly Care, Inc.

SECOND: The document number of the corporation (if known): N94000000081

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  
August 27, 2010 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)

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FOURTH: Effective date of dissolution if applicable: November 30, 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 D. Forman  
(Typed or printed name of the person signing)

President and Director  
(Title of person signing)

**FILING FEE: \$35**