

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





09/28/18--01009--021 **43.75

2811 SEP 28 P R SU

COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION OF NON PROFIT CORP.
DOCUMENT NUMBER: N 9400002401
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PHILLIP M. WILSON
(Name of Contact Person) WA
P.O. BOX 466_1133
BRADEN FON, FLORIDA 34206-113. (City/State and Zip Code)
For further information concerning this matter, please call: PHILLID M. WILSON at (941) 194-6071 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\alpha\$ \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certificate

MAILING ADDRESS:

TO: Amendment Section

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

ARTICLES OF DISSOLUTION

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: BRADENTON AMATEUR RADIO CL The document number of the corporation (if known): 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 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 The number of directors in office was ______ and the vote for resolution was _______ ___ against. (Must be a majority vote) FOURTH Effective date of dissolution, if applicable: (no more than 90 days after dissolution fife dates Note: If the date inserted in his 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: (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)

Filing Fee: \$35

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 BRADENTON AMATEUR RADIO CLUB 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:
ANY PERSON OR CORPORATION, WHO HAS ANY CLAIM SWALL FILE, SAID CLAIM, NOT LATER THAN
30 OCTOBER 2018. ALL CLAIMS should be
Addressed to BARC, AT the below LEGAL Address.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
BRADENTON AMATEUR RADIO CLUB INC.
40 BARC
U.S. POST OFFICE BOX 1133
BRADENTON, FLORIDA 34206-1133
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.
HARRY T RENSEL TOMAND FAMEL
Printed Name of the Person Filing Signature of the Person Filing