# N95000001506

Office Use Only



800187266068

800187266068 11/30/10--01029--005 \*\*35.00

10 NOV 30 PH 12: 10

SEE-FLORIDA

AAA DISS 10/13/10

### **COVER LETTER**

| SUBJECT: DISSOLUTION OF CLIO FOUN                              | JOANON, INC                |                                       |
|--|----------------------------|---------------------------------------|
| DOCUMENT NUMBER: N 950000 150                                  | 6                          |                                       |
| The enclosed Articles of Dissolution and fee a                 | are submitted for filing.  | •                                     |
| Please return all correspondence concerning th                 | is matter to the following | <b>;</b>                              |
| PATRICIA FINEGAN<br>(Name of C                                 | 'antact Person)            |                                       |
|  |                            |                                       |
| CHIO FOUNDATION (Firm/C  | Company)                   | · · · · · · · · · · · · · · · · · · · |
| POBOX 5110   |                            |                                       |
| (Add   | dress)                     |                                       |
| GULFERRE   | FL 33737                   |                                       |
| (City/State a  | FL 33737<br>and Zip Code)  |                                       |
| For further information concerning this matter,                | please call:               |                                       |
| 0  | _at (_727) _367-           | -1124<br>timeTelephone Number)        |
|  | (Alea Code & Day           | ime rerephone (valuoer)               |
| Enclosed is a check for the following amount:                  |                            |                                       |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status | _                          | Certificate of Status &-              |

## **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

### 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:

|         | THE CLIO FOUNDATION, INC.   |  |
|---------|---|--|
| SECOND: | The document number of the corporation (if known): N950000 (506   |  |
| THIRD:  | Adoption of Dissolution (Complete Section I or II)  SECTION I   |  |
|         | 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 |  |
|         | The date of the meeting of members at which the resolution to dissolve was adopted  |  |
|         | (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)  |  |

| Effective date of dissolution if applicable:   |  |
|--|--|
| · · · · · · · · · · · · · · · · · · ·  | (no more than 90 days after dissolution file date) |
| $\circ$  |  |
| Signature Tatasia ting   | bu laces   |
| (By the chairman or vice chairman of   |  |
| officer- if directors have not been se<br>the hands of a receiver, trustee, or ot<br>by that fiduciary.) |  |
| W.C. PATRICIA FINES  | \_\_\  |
| (Typed or printed name of  |  |
|  |  |
| TREASURER  |  |
| (Title of person s   | signing)   |

FILING FEE: \$35