

N95000003292

Paralyzed Veterans**Association of Florida, Inc.**

QUALITY THEFT SHOP INC.

6200 N. Andrews Avenue

Ft. Lauderdale, FL 33309

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

400002410794--4

-01/23/98--01118--003

*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 JUN -1 PM12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss

6-2-98

LFT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 27, 1998

PARALYZED VETERANS ASSOC. OF FLORIDA QUAL. THRIFT SHOP
6200 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309

SUBJECT: PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALITY
THRIFT SHOP INC.
Ref. Number: N95000003292

We have received your document for PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALITY THRIFT SHOP INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 698A00004414

**Sent back again - 5-7-98*



MEMBER CHAPTER
PARALYZED VETERANS OF AMERICA, INC.

CHARTERED BY THE CONGRESS
OF THE UNITED STATES

Paralyzed Veterans Association of Florida, Inc.

QUALITY Therapies
INC

6200 N. Andrews Avenue • Ft. Lauderdale, FL 33309 • 954-771-7822 • 1-800-683-2001 • Fax 954-491-3532

5/27/98

TO: LOUISE JACKSON
FROM: DAVID MONSON

Here is the form you requested.

Thanks for your help.

Sincerely,

David Monson

REF # N95000003292
LETTER # 698A00004414

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is PARALYZED VETERANS ASSOCIATION OF FLORIDA
SECOND: Adoption of dissolution (Complete Section I or II) QUALITY THEFT SHOP INC.

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 was _____

(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.

FILED
98 JUN -1 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was JANUARY 14, 1998

The number of directors in office was 5 and the vote for the resolution was 5 for and 0 against.

Signed this 26 day of MAY, 1998.

Signature _____

(By the Chairman or Vice Chairman of the Board,
President or other officer)

DAVID MONSON

Typed or printed name

PRESIDENT

Title