

N95000003527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2012 APR -5 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 05 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2012

ELI FINKELBERG  
GOLD COAST CHEMICAL PRODUCTS  
2357 STIRLING RD  
DANIA BEACH, FL 33312

SUBJECT: AIDS EDUCATION AND INFORMATION FUND, INC.  
Ref. Number: N95000003527

We have received your document for AIDS EDUCATION AND INFORMATION FUND, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section I or II. Do not complete both sections. If you choose section II, we need the date of adoption of the resolution 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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 612A00010470

RECEIVED

12 APR -5 AM 8: 54

REGULATORY DIVISION  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIDS EDUCATION AND INFORMATION FUND

**DOCUMENT NUMBER:** N95000003527

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

Please return all correspondence concerning this matter to the following:

ELI FINKELBERG

(Name of Contact Person)

GOLD COAST CHEMICAL PRODUCTS

(Firm/Company)

2357 STIRLING ROAD

(Address)

DANIA BEACH, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

ELI FINKELBERG

(Name of Contact Person)

at ( 954 ) 893-0044

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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

FILED

2012 APR -5 PM 3: 50

ARTICLES OF DISSOLUTION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

AIDS EDUCATION AND INFORMATION FUND, INC.

SECOND: The document number of the corporation (if known): N95000003527

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  
March 22, 2012. 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)

FOURTH: Effective date of dissolution if applicable: March 22, 2012  
(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:)

Eli Finkelberg  
(Typed or printed name of the person signing)

DPT  
(Title of person signing)

**FILING FEE: \$35**