

N95000006041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

(Document Number)

Certified Copies

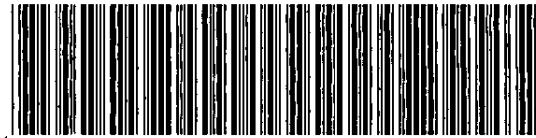


Certificates of Status



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09/12/08--01042--001 **52.50

*Effective date
11-14-08*

*void his
Tew's
9-16-08*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 12 PM 3:02

FILED

T. ROBERT ZQCHOWSKI, J.D., L.L.M.
COUNSELLOR AT LAW

MEMBER D.C., N.J., N.Y. & FL. BAR

OF COUNSEL:
RICHARD I. VOLIVA, JR.
10 NASSAU ST., PRINCETON, NEW JERSEY 08542
(609) 497-2370

HAAS BLDG. SUITE 400
1001 N. U.S. HIGHWAY ONE
JUPITER, FLORIDA 33477
561-744-1175
FAX 561-744-6333

P.O. BOX 33
PRINCETON JUNCTION, N.J. 08550
609-799-2111
FAX 609-799-7563

PLEASE REPLY TO JUPITER

VIA UPS-GROUND

September 10, 2008

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Samuel H. and Ira B. Born Foundation, Inc.

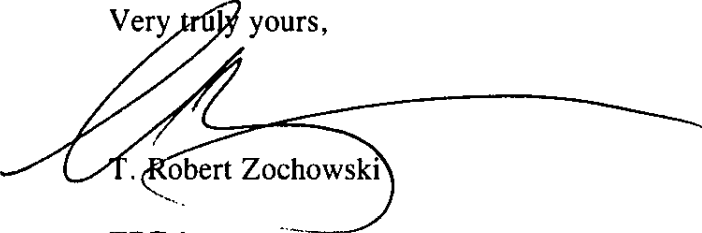
Dear Sir/Madam:

Enclosed please find original and copy of Dissolution concerning the above limited liability company.

Also enclosed please find check no. 913 in the amount of \$52.50 representing the dissolution filing fee, certificate of status and certified copy fees. Please return a copy of the Articles and Dissolution upon filing in the self addressed and stamped envelope enclosed herein.

If you have any questions, please advise.

Very truly yours,



T. Robert Zochowski

TRZ:kc
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of not for profit corporation

DOCUMENT NUMBER: N95000006041

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

Please return all correspondence concerning this matter to the following:

T. Robert Zochowski, Attorney

(Name of Contact Person)

T. Robert Zochowski

(Firm/Company)

Suite 400, 1001 N. US Hwy 1

(Address)

Jupiter, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

T. Robert Zochowski

(Name of Contact Person)

at (561) 744-1175

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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 Samuel H. and Ira B. Born Foundation, Inc.

SECOND: The document number of the corporation (if known): N95000006041

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

July 24, 2008

_____ 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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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: November 14, 2008
(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.)

Ira B. Born

(Typed or printed name of the person signing)

Chairman of the Board, President, Director

(Title of person signing)

FILING FEE: \$35