

N96000006326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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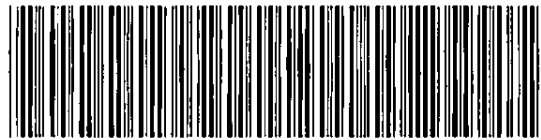
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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R. HUNT

10/16/23

401 Quay Commons, Unit 1102

Sarasota, Fl. 34236

October 12, 2023

TO: Amendment Section

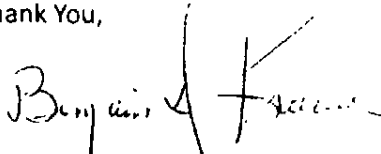
Division of Corporations

SUBJECT: Articles of Dissolution

Enclosed for processing please find Articles of Dissolution and Filing Fee of \$ 52.50 for
Letter of acknowledgment, Certified Copy and Certificate of Status

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Thank You,



Benjamin D. Krause

917-364-1296

401 Quay Commons, Unit 1102

Sarasota, Fl .34236

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 IRVIN L. SIEGEL FAMILY FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N 96000006326

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 October 11, 2023

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this 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: Benjamin D. Kralise, DIRECTOR AND TREASURER
(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)

BENJAMIN D. KRALISE
(Typed or printed name of person signing)

DIRECTOR AND TREASURER
(Title of person signing)

Filing Fee: \$35

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FLORIDA DEPARTMENT OF STATE