

NOR00003372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

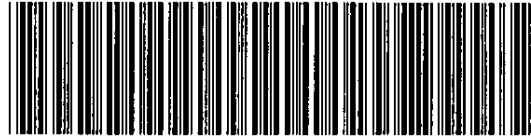
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stovir Foundation, Inc.

**DOCUMENT NUMBER:** N98000003372

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

Please return all correspondence concerning this matter to the following:

Thomas H. Courtney, Esq.

(Name of Contact Person)

J. Patrick Fitzgerald & Associates, P.A.

(Firm/Company)

110 Merrick Way, Suite 3-B

(Address)

Coral Gables, FL 331334

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas H. Courtney

(Name of Contact Person)

at ( 305 )

(Area Code)

443-9162, x15

(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

**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:  
Stovir Foundation, Inc.

**SECOND:** The document number of the corporation (if known): N98000003372

**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:

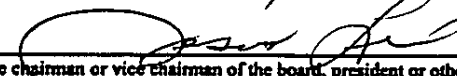
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was January 24, 2017.

The number of directors in office was 14 and the vote for resolution was 10 for and 0 against. (Must be a majority vote)

**FOURTH** Effective date of dissolution, if applicable: March 30, 2017  
(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:   
(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)

Jesús León  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

17 MAR -1 PM 1:15

**Plan of Distribution of Assets**

This Plan is designed to set forth the terms and conditions under which Stovir Foundation, Inc., a Florida not for profit corporation ("Stovir Foundation") will dissolve and wind up its affairs pursuant to Florida Statute 617.1402.

**WHEREAS**, Stovir Foundation is a Florida not for profit corporation with a sole corporate Member and a Board of Directors. The sole corporate Member of Stovir Foundation is Agrupación Católica Universitaria, Inc.;

**WHEREAS**, Stovir Foundation is an IRS recognized 501(c)(3) exempt entity which was created to operate as a supporting organization; and,

**WHEREAS**, Stovir Foundation has fulfilled its purpose and is interested in dissolving its corporate existence and otherwise distributing its remaining assets.

**NOW THEREFORE, IT IS AGREED AS FOLLOWS:**

All liabilities and obligations of Stovir Foundation shall be paid and discharged prior to distribution of any assets.

All assets received and held by Stovir Foundation conditioned upon return, transfer or conveyance in the event of dissolution shall be returned, transferred, or conveyed to the donor.

All assets received and held by Stovir Foundation conditioned upon their use only for charitable, religious, eleemosynary, benevolent, education or similar purposes, but not held upon a condition requiring return, transfer or conveyance shall be distributed to Agrupación Católica Universitaria, Inc., itself a 501(c)(3) corporation.

All other or remaining assets, if any, shall be distributed pursuant to the Articles of Incorporation and more specifically to Agrupación Católica Universitaria, Inc.

A copy of this Plan of Distribution of Assets shall be filed with the Florida Department of State.

The dissolution shall be effective March 30, 2017.

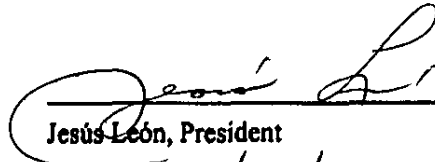
Subsequent to the dissolution and distribution, Stovir Foundation shall, to the extent appropriate, continue to wind up and liquidate its affairs as permitted by Florida Statute 617.1405.

Stovir Foundation shall file a notice of dissolution with the Florida Department of State as permitted by Florida Statute 617.1407(1)(a) and request persons having claims against the corporation, which are not known to the corporation, to present the claims or otherwise be barred.

**Officer's Certificate of Compliance**

By my signature below, I hereby authenticate this Plan of Distribution of Assets, and certify it was adopted by the Board of Stovir Foundation in compliance with the requirements of Florida Statute 617.1406(1) and (2).

**Stovir Foundation, Inc.**

  
\_\_\_\_\_  
Jesús León, President  
Date: 2/22/17

**Notice of Corporate Dissolution**

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

**Name of Corporation:** STOVIR FOUNDATION, INC.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

All claims must be made in writing and must include the claim amount, basis, and origination date.

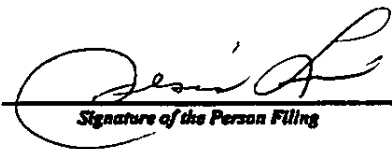
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

J. Patrick Fitzgerald & Associates, P.A.  
110 Merrick Way, Suite 3-B  
Coral Gables, FL 33134

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

Jesús León, President  
*Printed Name of the Person Filing*

  
*Signature of the Person Filing*

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**