

N9800005579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

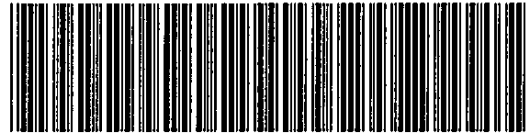
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*dis*

C. Coulllette JUL 13 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FAMILY VISITATION CENTER OF HERNANDO COUNTY, INC.

**DOCUMENT NUMBER:** N98000005579

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

Please return all correspondence concerning this matter to the following:

KATHLEEN LONERGAN

(Name of Contact Person)

HERNANDO COUNTY DRUG COURT

(Firm/Company)

20 North Main St., Room 242

(Address)

Brooksville, FL 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Lonergan

(Name of Contact Person)

at ( 352 ) 540-6279

(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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

FAMILY VISITATION CENTER OF HERNANDO COUNTY, INC.

SECOND: The document number of the corporation (if known): N98000005579

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  
\_\_\_\_\_. 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 May 22, 2007.

The number of directors in office was 7 and the vote for resolution was  
7 for and 0 against. (must be a majority vote)

APPROVE  
AND  
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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: June 30, 2007  
(no more than 90 days after dissolution file date)

Signature Karen Nicolai  
(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.)

KAREN NICOLAI  
(Typed or printed name of the person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**