

N990000007167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 PM 4:42

Att DBS
w/notice
@ 3/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Council on Alcoholism and Drug Dependency of North Florida, Inc.

DOCUMENT NUMBER: N99000007167

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

Please return all correspondence concerning this matter to the following:

Daniel R. Horvath

(Name of Contact Person)

NCADDNFL

(Firm/Company)

5012 Paddock Place

(Address)

Pace, FL 32571

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel R. Horvath

(Name of Contact Person)

at (850)

994-0932

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2012

DANIEL R. HORVATH
MCADDNFL
5012 PATTOCK PLACE
PACE, FL 32571

SUBJECT: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG
DEPENDENCE OF NORTH FLORIDA, INC.
Ref. Number: N99000007167

We have received your document for NATIONAL COUNCIL ON ALCOHOLISM
AND DRUG DEPENDENCE OF NORTH FLORIDA, INC. and your check(s)
totaling \$43.75. However, the enclosed document has not been filed and is being
returned for the following correction(s):

PLEASE COMPLETE ONLY 1(ONE) SECTION REGARDING THE ADOPTION
OF THE DISSOLUTION.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 112A00009023

RECEIVED

12 MAR 22 AM 11:00

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 22 PM 4:42

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:
National Council on Alcoholism and Drug Dependency of North Florida, Inc.

SECOND: The document number of the corporation (if known): 11799000007167

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 December 22, 2011.

The number of directors in office was 9 and the vote for resolution was
9 for and 2 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: December 31, 2011
(no more than 90 days after dissolution file date)

Signature Alice C Brupbacher
(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.)

Alice Brupbacher
(Typed or printed name of the person signing)

Board Chairperson
(Title of person signing)

FILING FEE: \$35

specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

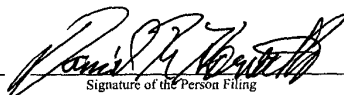
Copy of Contract or invoice upon which claim is based containing information sufficient to permit evaluation of claim.

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

Daniel R. Horvath, former Executive Director
5012 Pattock Place
Pace, Florida 32571

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.

Daniel R. Horvath
Printed Name of the Person Filing


Signature of the Person Filing

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: National Council on Alcoholism and Drug Dependency of North Florida, 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:

Copy of Contract or invoice upon which claim is based containing information sufficient to permit evaluation of claim.

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

Daniel R. Horvath, former Executive Director

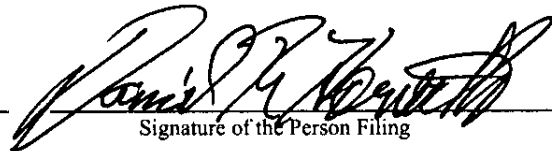
5012 Pattock Place

Pace, Florida 32571

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.

Daniel R. Horvath

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