Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number: I19990000021

Phone : (904)356-2600 Fax Number

: (904)355-0233

DISSOLUTION OR WITHDRAWAL JB DUPONT CENTER, INC.

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ARTICLES OF DISSOLUTION

of

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JB DUPONT CENTER, INC.

Pursuant to Section 617.1403, Florida Statutes, JB duPont Center, Inc., a Florida not for profit corporation (the "Corporation"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is JB duPont Center, Inc. The document number for the Corporation is P14000002899.

ARTICLE II

The voluntary dissolution of the Corporation is authorized as of 30, 2014.

ARTICLE III

The dissolution of the Corporation was adopted by written consent of the member and executed in accordance with Section 617.0701, Florida Statutes.

ARTICLE IV -

These Articles of Dissolution shall become effective on 30, 2014, except that if these Articles are not filed by the Department of State of the State of Florida on or before such date, corporate dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V

Pursuant to Section 617.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as EXHIBIT A.

Signed this 30 day of O

, 2014.

JESSIE BALL DUPONT RELIGIOUS CHARITABLE AND EDUCATIONAL FUND, A FLORIDA CHARITABLE

TRUST, Member

Print Name:

Title: Capida

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EXHIBIT A

NOTICE OF DISSOLUTION OF JB DUPONT CENTER, INC.

This Notice of Dissolution is submitted by JB duPont Center, Inc., a Florida not for profit corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 617.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is JB dnPont Center, Inc.

ARTICLE II

ARTICLE TO

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

- 1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
- 2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
 - 3. The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Corporation at the following address:

JB duPont Center, Inc.
One Independent Drive, Suite 1400
Jacksonville, Florida 32202

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

JESSIE BALL DUPONT RELIGIOUS CHARITABLE AND EDUCATIONAL FUND, A FLORIDA CHARITABLE TRUST, Member

Print Name:

Title: Presiden