

N01000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

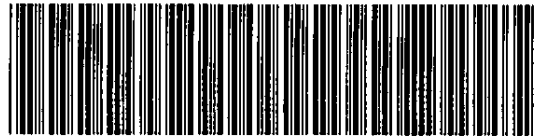
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 MAY 10 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*diss*  
C.COULLIETTE

MAY 13 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Halberstein Family Supporting Foundation Inc

**DOCUMENT NUMBER:** N01000002528

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

Please return all correspondence concerning this matter to the following:

Stephen C. Lande

(Name of Contact Person)

Greater Miami Jewish Federation

(Firm/Company)

4200 Biscayne Blvd.

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen C. Lande

(Name of Contact Person)

at ( 786 )

866-8623

(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



May 6, 2010

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Halberstein Family Supporting Foundation Inc

Dear Madam or Sir:

Enclosed please find the following documentation in connection with the Halberstein Family Supporting Foundation:

1. Cover Letter from the documents section of your website;
2. Two (2) copies of the Articles of Dissolution; and
3. Check no. 22964 made payable to the Florida Department of State of in the amount of \$52.50.

Please note that this check represents payment for the filing of the Articles of Dissolution with the State of Florida and a certified copy. Once completed, kindly forward the certified copy to me at the address listed below.

Thank you for your prompt attention to this matter.

Sincerely,

Stephen C. Lande  
Foundation Director

Enclosures

THE PLACE TO CREATE YOUR LASTING JEWISH LEGACY

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TALLAHASSEE, FLORIDA

**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:  
Halberstein Family Supporting Foundation Inc

SECOND: The document number of the corporation (if known): N01000002528

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**

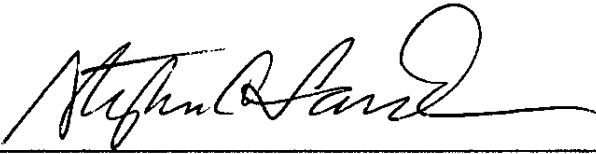
**If the corporation has no members or members entitled to vote on the dissolution:**

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 \_\_\_\_\_.

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

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

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.)

**Stephen C. Lande**  
\_\_\_\_\_  
(Typed or printed name of the person signing)

**Director**  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**