

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are forms for filing **Articles of Dissolution** to dissolve a **Florida not for profit** corporation.

SUBMIT ONLY ONE FORM

Section 617.1401, Florida Statutes, provides for the dissolution of a corporation that has not commenced to conduct its affairs.

Section 617.1403, Florida Statutes, provides for the dissolution of a corporation that has commenced to conduct its affairs.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

FEES:

Articles of Dissolution \$ 35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$ 8.75 Certificate of Status (optional) \$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee an	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
(Name of Co	ontact Person)	
(Firm/C	ompany)	
(Add	ress)	
(City/State and	nd Zip Code)	
For further information concerning this matter,	please call:	
(Name of Contact Person)	at () (Area Code & Daytin	neTalanhona Number)
Enclosed is a check for the following amount:	(Alca Code & Daytiii	refrequence (various)
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		\$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 617.1401, 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:	
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation:	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	☐ The dissolution was authorized by a majority of the directors: OR	
	☐ The dissolution was authorized by an incorporator.	
	☐ The dissolution was authorized by a majority of the incorporators.	
Sign	ature:	
	(Typed or printed name of person signing)	
	(Types of printes name of person signing)	
	(Title of person signing)	

Filing Fee: \$35

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

JURTH:	Effective date of dissolution <u>if applicable</u> :
	(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.)
	(Typed or printed name of the person signing)
	(Title of person signing)

FILING FEE: \$35

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