## Commonwealth of Kentucky Michael G. Adams, Secretary of St Michael G. Adams

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Articles of Dissolution

NPD

NAOD

Pursuant to the provisions of KRS 14A and KRS 273.313, the undersigned corporation executes the following articles of dissolution:

Article I: The name of the non-profit corporation is **Advanced Palliative and Hospice Social Work Certification Board, Inc.** 

Article II: The date the dissolution was authorized: 8/9/2022

Article III: This dissolution was approved by **the board of directors**.

Article IV: Meeting date of the Board of Directors at which the resolution was adopted: **8/9/2022**The resolution received the votes of a majority of the directors in office.

Article V: The assets of the corporation shall be distributed pursuant to the following plan of distribution:

- (a) All liabilities and obligations of the corporation shall be paid and discharged, or adequate provisions shall be made therefor;
- (b) Assets held by the corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;
- (c) Assets received and help by the corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational or similar purposes, but not held upon a condition requiring return, transfer or conveyance by reason of the dissolution, shall be transfered or conveyed to **Any remaining assets may be distributed to Hospice and Palliative Credentialing Center, Inc.**;
- (d) Other assets, if any, shall be distributed in accordance with the provisions of the articles of incorporation or the bylaws to the extent that the articles of incorporation or bylaws determine the distributive rights of members, or any class or classes of members, or provide for distribution to others; (e) Any remaining assets may be distributed to **Hospice and Palliative Credentialing Center, Inc.**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature Victoria Leff

Title Executive Director, APHSWC

**Date** 11/29/2022