(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900180209009

diss

05/06/10--01025--012 **35.00



ADR 5/10/10

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution	7	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee a	are submitted for	filing.
Please return all correspondence concerning th	is matter to the f	following:
Mireya L. Rivera		
(Name of C	Contact Person)	
His Hope Honduras, Inc.		
	Company)	
1017 Arezzo Circle		
(Add	dress)	
Boynton Beach, FL 33436		
	and Zip Code)	
For further information concerning this matter,	, please call:	
Mireya L. Rivera	at (561	459-7420
(Name of Contact Person)		de & DaytimeTelephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee	\$43.75 Filing Certified Cop (Additional control enclosed)	y Certificate of Status &
MAILING ADDRESS:	<u> </u>	STREET ADDRESS:
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

0		
	ARTICLES OF DISSOLUTION	
Pursuant to s Articles of D	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	His Hope Honduras, Inc.	
SECOND:	The document number of the corporation (if known): N 09 00 0003913	
THIRD:	The file date of the articles of incorporation: $\frac{4}{30}$	
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.	
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)		
	Mireya L. Rivera	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

Filing Fee: \$35