

N18000013054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

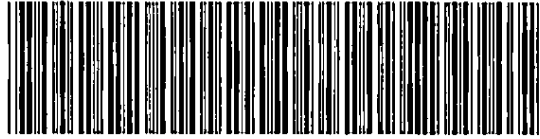
(Business Entity Name)

(Document Number)

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

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FEB 06 2019

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19 FEB -6 AM 0 18

V/D  
w/notice



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2019

DAVID OLIVENCIA, JSM  
PROFESSIONAL ACCOUNTING GROUP, LLC  
PO BOX 622521  
ORLANDO, FL 32862-2521

SUBJECT: CPC OF THE WMM-OPELIKA, FL-ONE, INC.  
Ref. Number: N18000013054

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE SECTION I OR SECTION II, BUT NOT BOTH.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00001520

RECEIVED  
2019 FEB -4 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FL



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:
CPC OF THE WMM-OPELIKA, FL-ONE, INC.

SECOND: The document number of the corporation (if known): N18000013054

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 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 12/17/2018

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 12/17/2018
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Carolina Marengo
(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)

Carolina Marengo

(Typed or printed name of person signing)

resident/ Pastor

(Title of person signing)

FILED
19 FEB - 14 AM 8:18

## *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: CPC OF THE WMM-OPELIKA, FL-ONE, INC.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.*

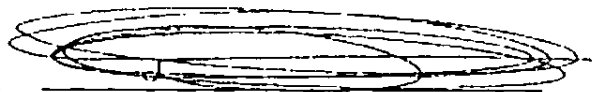
*Description of information that must be included in a claim:*

STATE FILED WRONG CORPORATION.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

David Olivencia, JSM  
\_\_\_\_\_  
*Printed Name of the Person Filing*

  
\_\_\_\_\_  
*Signature of the Person Filing*