

40899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 29 2018

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2018 OCT 22 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Housing Corporation

DOCUMENT NUMBER: 408927

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

Please return all correspondence concerning this matter to the following:

Rani Newman Mathura, Esq.

(Name of Contact Person)

Newman Mathura Law PLLC

(Firm/Company)

631 US Highway 1, Suite 410

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Rani Newman Mathura

(Name of Contact Person)

at (561) 899-7014

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

October 15, 2018

SENT VIA CERTIFIED MAIL

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

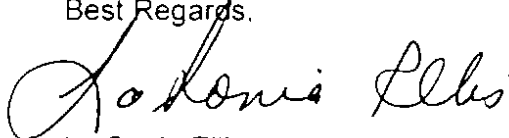
Re: Community Housing Corporation, Document #408927
Re: Filing Articles of Dissolution

Dear Sir/Madam:

Enclosed is an Articles of Dissolution document which we are requesting to be filed. We have also enclosed the required fee in the amount of \$35 which represents the filing cost.

Please acknowledge receipt of the enclosed Article of Dissolution and filing fee by signing the enclosed copy of this letter, file-stamping the enclosed copy of the Articles of Dissolution, and returning both items to me in the postage paid return envelope provided. Thank you for your assistance.

Best Regards,



La Sonia Ellis
Trust Officer
Estate Settlement Services
BMO Harris Bank N.A.
111 W. Monroe Street, 12W
Chicago, IL 60603
312-765-1667(direct)
312-765-1767 (fax)
lasonia.ellis@bmo.com

Enclosures

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Community Housing Corporation

SECOND: The document number of the corporation (if known): 408927

THIRD: The date dissolution was authorized: September 18, 2018

Effective date of dissolution if applicable: _____
(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.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer if directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

BMO Harris N.A.

BMO Private Bank, by Amy Schoeffel, Vice President

(Typed or printed name of person signing)

Personal Representative of the Estate of Jon L. Oswald

(Title of person signing)

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TALLAHASSEE, FL