

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section **Division of Corporations**

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SUBJECT: MIAMI SPRINGS BAPTIST CHURCH

DOCUMENT NUMBER: ______

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

Please return all correspondence concerning this matter to the following:

CHRIS ANDERSON

(Name	e of Contact Person)	
C/O CITY REV CHURCH		
(F	°irm/Company)	
21011 JOHNSON STREET, #120		
	(Address)	
PEMBROKE PINES, FL 33029		
(City/S	State and Zip Code)	
For further information concerning this mathematical states of the second states states of the second states state	atter please call:	
of further information concerning this in	aner, preuse eun.	
NOREEN ROBERTS	at (305	586-9067
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
-		
□\$35 Filing Fee □ \$43.75 Filing Fee & □!		2.50 Filing Fee, Certificate of atus & Certified Copy
Certificate of Status	Certified Copy SI Additional copy is enclosed)	(Additional copy is enclosed)
11 Pd 835 - (1		(
Mailing Address:	Street Add <u>ress:</u>	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
T-11-6 EL 20214	2415 N. Monroe Street Suite \$10	

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Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Miami Springs Baptist SECOND: The document number of the corporation (if known): 706839 THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) I 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 The number of directors in office was _ and the vote for resolution was for against. (Must be a majority vote) and Effective date of dissolution, if applicable: 10/15/2023 FOURTH (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: (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 person signing) itle 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:

Upon the request of Miami Springs ("Transferor"), City Rev ("Recipient") shall receive the following assets from Miami

Springs pursuant to provisions stated herein, free and clear of any and all liens, claims or encumbrances, of any kind or

nature, all of Transferor's right, title and interest in and to all of the Transferor's property, and assets (the "Assets").

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

378 Westward Drive, Miami Springs, FL 33166

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.

Chris Anderson

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