

709972

(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



700029845507

03/08/04--01036--007 **43.75

FILED

04 MAR -8 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOL DISC
MAD 3/11

MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

March 1, 2004

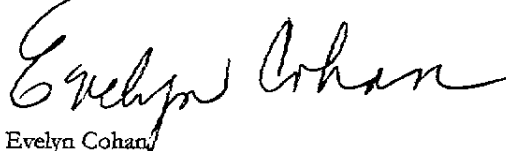
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

In compliance with the Florida Statutes Chapter 617.1403, please find attached a check in the amount of \$43.75 to cover the cost of the filing fee and certified copy for the articles of dissolution.

If you need any additional information please don't hesitate in contacting me at (786) 286-2303.

Sincerely,

A handwritten signature in black ink, appearing to read "Evelyn Cohan". The signature is fluid and cursive, with the first name "Evelyn" written in a larger, more prominent script than the last name "Cohan".

Evelyn Cohan
President

**MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.
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 is Mental Health Association of Dade County, Inc.

SECOND: The date of the meeting of members at which the resolution to dissolve was adopted December 10th 2002.

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

Signed this 2nd day of March, 2004.

Signature: Evelyn Cohan
(By the Chairman or Vice Chairman of the Board, President or other officer)

Evelyn Cohan
(Typed or printed name)

President
(Title)

FILED
04 MAR -8 PM 5:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA