

735151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

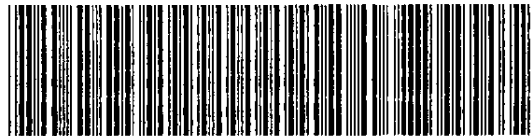
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FILED
11 APR -7 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2011

WANDA J. DUVALL
BURDEN FOR SOULS, INC.
1214 ROGER BABSON RD
ORLANDO, FL 32808

SUBJECT: BURDEN FOR SOULS, INC.
Ref. Number: 735151

We have received your document for BURDEN FOR SOULS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section I or II. Do not complete both sections.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 011A00007232

RECEIVED
11 APR -7 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Not-For-Profit Corporation

DOCUMENT NUMBER: 735151

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

Please return all correspondence concerning this matter to the following:

Shanda J. Duvall

(Name of Contact Person)

Burden for Souls, Inc.

(Firm/Company)

1214 Roger Babson Rd.

(Address)

Orlando, FL 32808

(City/State and Zip Code)

For further information concerning this matter, please call:

Shanda J. Duvall

(Name of Contact Person)

at (407) 443-9464

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$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

ARTICLES OF DISSOLUTION

FILED
11 APR -7 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Burden for Souls, Inc.

SECOND: The document number of the corporation (if known): 735151

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 the meeting of members at which the resolution to dissolve was adopted
3/19/2011. 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 and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 3/19/2011
(no more than 90 days after dissolution file date)

Signature Wanda J. Duvall
(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.)

Wanda J. Duvall
(Typed or printed name of the person signing)

President/Director
(Title of person signing)

FILING FEE: \$35