

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL  
AFFILIATED WORKERS ASSOCIATION INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03 *    |
| Estimated Charge      | \$35.00 |

**\*RE-SUBMIT\***

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7/18/2013 15:49:45 From: Fob 8506176380

850-617-6381

7/18/2013 3:06:30 PM PAGE 1/001 Fax Server

F09000001094



July 18, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AFFILIATED WORKERS ASSOCIATION INC  
101 E. PARK BOULEVARD  
SUITE 600  
PLANO, TX 75074US

SUBJECT: AFFILIATED WORKERS ASSOCIATION INC  
REF: F09000001094

WID  
JUL 19 2013

R. WHITE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Rebekah White  
Regulatory Specialist II

FAX Aud. #: H13000160754  
Letter Number: 413A00017527

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 18 PM 2:07

FILED

## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** Affiliated Workers Association Inc  
(Name of Corporation)

**DOCUMENT NUMBER: F09000001094**

**The enclosed withdrawal application and fee are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Randi Haluptzok**

(Name of Person)

### Affiliated Workers Association

(Firm/Company)

825 Market Street, Suite 300

(Address)

Allen, TX 75013

(City/State and Zip code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Enclosed is a check for the 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**  
**2661 Executive Center Circle**  
**Tallahassee, FL 32301**

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Affiliated Workers Association Inc

(Name of Corporation)

F09000001094

(Document Number of Corporation (if known))

Illinois

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

101 E. Park Boulevard, Suite 600

(Mailing Address)

Plano, TX 75074

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Joey Ray  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

7-15-13

(Date)

Joey Ray

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 18 PM 2:07

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