

F090000003819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2011

RAMON L. RODRIGUEZ-ARROYO  
FUNDACION UPENS, INC.  
710 MAIN ST STE A  
BARTOW, FL 33830-4309

SUBJECT: FUNDACION U.P.E.N.S. INC.  
Ref. Number: F09000003819

*12/6/11*  
*Reference*  
**COPY**

We have received your document for FUNDACION U.P.E.N.S. INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

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: 811A00026561

December 6, 2011

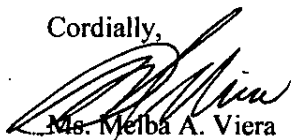
Tina Roberts  
Florida Dept. of State  
PO Box 6327  
Tallahassee, FL 32314

Re: Fundacion UPENS, Inc.  
F09000003819

Enclosed are the Dissolution forms mailed by you to be filed. Also enclosed is our check no. 1025 in the amount of \$43.75, this check is to substitute the previous one, due the fact that we open a new account under our name to English to be UPENS Foundation, Inc., from now on.

Should you have any questions, please contact me at (863) 537-6009, or email [fundacionupens\\_fl@yahoo.com](mailto:fundacionupens_fl@yahoo.com)

Cordially,



Ms. Melba A. Viera  
Secretary  
Annexs

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **Fundacion U.P.E.N.S., Inc.**

(Name of Corporation)

**DOCUMENT NUMBER:** **F09000003819**

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

Please return all correspondence concerning this  
matter to the following:

**Ramon L. Rodriguez - Arroyo**

(Name of Person)

**Fundacion U.P.E.N.S., Inc.**

(Firm/Company)

**710 E. Main St., Ste. A**

(Address)

**Bartow, FL, 33830-4309**

(City/State and Zip code)

For further information concerning this matter, please call:

**Ms. Melba A. Viera**

at ( **863** ) **537-6009/537-6259**

(Name of Person)

(Area Code & Daytime Telephone Number)

**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

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

**Fundacion U.P.E.N.S. Inc.**

(Name of Corporation)

**F09000003819**

(Document Number of Corporation (if known))

*Puerto Rico*

(Incorporated Under Laws of)

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11 DEC -9 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

**710 E. Main St.. Ste. A**

(Mailing Address)

**Bartow, FL., 33830-4309**

(City/ State /Zip)

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

*[Signature]*  
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

*12/06/09*  
(Date)

**Mr. Ramon L. Rodriguez-Arroyo**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**FILING FEE \$35**