N0000000 2546

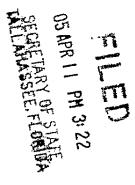
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	44444	





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OROB 9-19

COVER LETTER

Division of Corporations
SUBJECT: HE TS MINISTRIES
DOCUMENT NUMBER: NO000000 2546
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY PELUSO (Name of Person)
HE IS MINISTRIES (Name of Firm/Company)
1292 CLAYS TRAIL (Address)
OLDS MAR, FL 34677 (City/State/and Zip Code)
For further information concerning this matter, please call:
MARY PECUSO at (727) 415-7419 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$ \$\text{\$\subseteq}\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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: HE IS MINISTRIES, Inc. The document number of the corporation (if known): N0000000254 SECOND: THIRD: Adoption of Dissolution (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was ad-(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. 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: (no more than 90 days after dissolution file date)
Sig	med this 7 th day of April, 2005.
	Signature Palling (By the chairman offvice 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 the person signing)

(Title of person signing)

FILING FEE: \$35

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