

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to Filing Officer:				

Office Use Only



200261289162

200261289162 08/14/14--01033--002 **52.50

OIV

AUG 21 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Dissolution			
DOCUMENT NUMBER: NO00000	6287		
The enclosed Articles of Dissolution and fee a	are submitted f	or filing.	
Please return all correspondence concerning th	is matter to the	following	ng:
Homer Cheng			
(Name of C	Contact Person)		
Sun Yat sen University of Medical Sciences Guan	ngHua Medical (College Al	umni Association of America, Inc
(Firm/	Company)		
1038 Santiago Ave			
(Ad	dress)		•
San Francisco, CA 94116			
(City/State	and Zip Code)	···········	
For further information concerning this matter.	. please call:		
Homer Cheng	_ _{at (} 407	, 23	0-0800
(Name of Contact Person)	(Area Cod		Daytime Telephone Number)
Enclosed is a check for the following amount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified C (Additional enclosed)	ору	\$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		Ameno Division Clifton	ET ADDRESS: Iment Section on of Corporations a Building executive Center Circle

Tallahassee, FL 32301

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: Sun Yat sen University of Medical Sciences GuangHua Medical College Alumni Association of America, Inc. The document number of the corporation (if known): N00000006287 SECOND: 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 meeting of members at which the resolution to dissolve was adopted 07/02/2014 . 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) Effective date of dissolution, if applicable: 09/01/2014 **FOURTH** (no more than 90 days after dissolution file date) Signature: (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) Homer Cheng (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35