

NO10000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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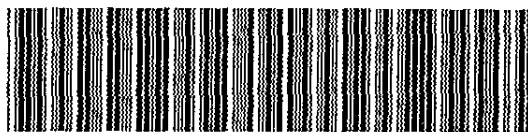
(Business Entity Name)

(Document Number)

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SEC. MAIL UT STATE
TALLAHASSEE, FLORIDA

SP
Diss. of
Inactive Corp.
7/19

July 6, 2004

Amendment Section
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

RE: Dissolution of Non-profit Corporation

Dear Sir or Madam:

Attached please find a completed article of dissolution for Women's Healthcare Executive Network of Miami-Dade County, Inc. number N01000000192. Please process accordingly.

In addition please find a check in the amount of \$43.75 for the filing fee (\$35.00) and a copy of returned certified copy of dissolution (\$8.75.)

My mailing address and phone number is listed below:

Lisa M. Ponce
7014 SW 114th Place, Unit A
Miami, Florida 33176
Daytime Phone: 305-671-6176

Thank you for your help in this matter.

Sincerely,


Lisa M. Ponce

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 is WOMEN'S HEALTH CARE EXECUTIVE
NETWORK OF MIAMI-DADE COUNTY, INC.
NO1000000192

SECOND: 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 adopted was _____

(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.

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TALLAHASSEE, FLORIDA

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was JANUARY 1, 2004

The number of directors in office was 3 and the vote for the resolution was 3 for and 0 against.

Signed this 5 day of July, 2004.

Signature

Lisa M. Ponce

(By the Chairman or Vice Chairman of the Board, President or other officer)

Typed or printed name LISA M. Ponce

Title Treasurer