

NO1000000 2974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/24

Office Use Only



900342440549

2020 APR 24 PM 3:52

RECEIVED EARLY DEPOSIT

03/27/20--01011--018 \*\*35.00

QMI

4/27/20



2020 APR 1 7:50  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2020

JAMES ADE  
1281 SUMMERWOOD CIRCLE  
WELLINGTON, FL 33414

SUBJECT: SOUTH FLORIDA LAY CISTERCIANS, INC.  
Ref. Number: N01000002974

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be adopted in one of the following manners:

If the corporation has members entitled to vote:

- (1) the date of the meeting of members at which the resolution to dissolve was adopted.
- (2) a statement that the number of votes cast for dissolution was sufficient for approval, OR
- (3) a statement that a resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

If the corporation has no members or members entitled to vote:

- (1) a statement that the corporation has no members or members entitled to vote on the dissolution.
- (2) the date of adoption of the resolution by the board of directors.
- (3) the number of directors then in office and the vote for the resolution.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 420A00007140

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve 501 c3

**DOCUMENT NUMBER:** NO1000002974

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Ade

(Name of Contact Person)

(Firm/Company)

1281 Summerwood Circle

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Heise

(Name of Contact Person)

at

( 954 )

(Area Code)

254-7173

(Daytime Telephone Number)

Enclosed is a check for the following 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:

SOUTH FLORIDA LAY CISTERCIANS, INC.

SECOND: The document number of the corporation (if known): NO1000002974

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

3/14/2020. 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)

FOURTH Effective date of dissolution, if applicable: 3/14/2020  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: James B. Ade  
(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)

JAMES B. ADE  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)

Filing Fee: \$35