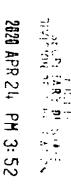
NO100000 2974

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
•	•	•
PICK-UP	WAIT	MAIL
	 -	
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Canada Instructions to	Cities Officer	
Special Instructions to	riling Officer.	
		1712
		~ (1.

Office Use Only

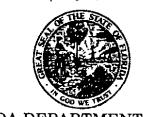


900342440549



08/27/20--01011--018 ++38.00

CXY1 H127120



73201 - 6 - 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	<u> </u>	
DOCUMENT NUMBER: NO 100	00002974	
The enclosed Articles of Dissolution and for	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
James Ade		
(Name	of Contact Person)	
	rm/Company)	
1281 Summer	wood Circle	
(Address)	
Wellington	FL 33414 ate and Zip Code)	
(City/Sta	ate and Zip Code)	
For further information concerning this mat		
Nancy Heise	at (954) 254-7173 (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
Certificate of Status C	3.75 Filing Fee & S52.50 Filing Fee, Certificate of ertified Copy Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	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: The name of the corporation as currently filed with the Florida Department of State: FIRST: SOUTH FLORIDA LAY RISTERCIANS, INC. The document number of the corporation (if known): NO1000002974 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 $\frac{3/14/2020}{\text{approval}}$. The number of votes cast by the members was sufficient for ☐ 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: 3/14/2020 (no more than 90 days after dissolution file date) **FOURTH** 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. alle
(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)

Filing Fee: \$35

SECRETARY
(Title of person signing)