N01000003917

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF THE SEC

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COVER LETTER

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	Amendment Se Division of Co						
SUBJI	ECT: Victory Mi	ission Ministry Inc					
DOCU	MENT NUMI	BER: N01000003917					
The en	closed Articles	of Dissolution and fee a	are submitted for	filing.			
Please	return all corre	spondence concerning th	is matter to the fo	ollowing:			
Birgit R	udestedt						
		(Name of C	Contact Person)				
Jobi Ac	counting & Tax So						_
		(Firm/e	Company)				
13001 S	pring Hill Dr				Z SEC	<u>ਲ</u>	
		(Ad	dress)		and the same of th	[]	1
Spring I	Hill FL 34609					24	1
		(City/State a	and Zip Code)		- دسر چ ^{هه} - دسر چهه		ļ
For fur	ther informatio	n concerning this matter	, please call:		구선 국국	MILL	
Birgit R	udestedt		at ()	686-0220	1	On,	
	(Name of	Contact Person)	(Area Code)	(Daytii	me Telephone Numb	er)	
Enclos	sed is a check fo	or the following amount:					
□ \$	335 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Certified Cop (Additional co- enclosed)	y	\$52.50 Filing Fe Certificate of St Certified Copy (Additional cop enclosed)	tatus &	

MAILING ADDRESS:

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 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: Victory Mission Ministry Inc
SECOND:	The document number of the corporation (if known): N01000003917
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
	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 08/03/2015
	The number of directors in office was $\frac{3}{2}$ and the vote for resolution was $\frac{3}{2}$ for and $\frac{0}{2}$ against. (Must be a majority vote)
FOURTH	Effective date of dissolution, <u>if applicable</u> : 08/30/2015 (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:
	Linda W Carroll
	(Typed or printed name of person signing)

Director President

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

	•		
Name of Corporation: Victory Mission Ministry Inc			
Date of dissolution will be the date the dissolution is filed with the Department of State or as of Dissolution.	s specified in	the A	rticles
Description of information that must be included in a claim:			
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpor	rations)	EP 24	
13001 Spring Hill Dr. Spring Hill FL 34609	*1	Ä	<u></u>
	in the	Ē	
A claim against the above named corporation will be barred unless a proceeding to enforce within 4 years after the filing of this notice.	the claim is	comm	enced
A 111	1	///	1
Linda W Carroll What W. (ann		
Printed Name of the Person Filing Signature of the Pe	erson Filing	/	