10100004426

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>·</u>
(Ćit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
		Ì

Office Use Only



500059984505

09/29/05 01027 -003 **35.00

05 OCT 31 AM IO: 50

Ps 11/1/05 Diss/machie



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 6, 2005

ANDY TOLEDO 13439 SW 59 TERR MIAMI, FL 33185

SUBJECT: ALMA MIAMI, INC. OF THE IGLESIA ALIANZA CRISTIANA Y

MISIONERA MIAMI AL ENCUENTRO CON DIOS

Ref. Number: N01000004426

We have received your document for ALMA MIAMI, INC. OF THE IGLESIA ALIANZA CRISTIANA Y MISIONERA MIAMI AL ENCUENTRO CON DIOS and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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) 245-6957.

Pamela Smith Document Specialist

Letter Number: 805A00060736



COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: ANTICLOS OF DISSOLUTION OF ALMA MINMI INC. OF THE ICLOSIN ALIANZA CRISTIANA Y MISIONOMA HIMMI AL ENCHONTED CONSIDE
OF THE IGLOSIA ALIANZA CRISTIANA Y MISIONORA HIMMI AL.
DOCUMENT NUMBER: NO100000 4426
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
IGCOSIA ALIANZA CRISTIANA Y MISIONOMA MIAMI AL ON CUONTA
(Firm/Company) Go N Dios
12429 SIL VE TORRACE
13439 SW VG TORRACS (Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (3-5) 386 - 7404 (Area Code & DaytimeTelephone Number)
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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: ALMA MIAMI INC. OF THE ICCESIA ALIANZA CAISTO, MISIPNEAA MIAMI AL ENCUENTAD CON DIES
SECOND:	The document number of the corporation (if known): No 100000 4426
THIRD:	The file date of the articles of incorporation: $\frac{6/21/2001}{}$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	No debts of the corporation remains unpaid. Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a majority of the directors: OR
	The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	The dissolution was authorized by a majority of the incorporators.
Signa	ture: Andy Toledo (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) ANDY ToleDo (Typed or printed name of person signing) VICE - PRESIDENT / DIRECTOR (Title of person signing)
	(Title of person signing)

Filing Fee: \$35