

NO10000006/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

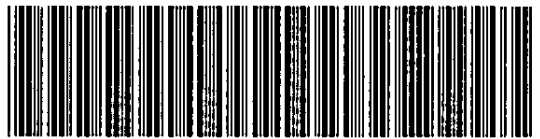
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 11 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2009

CHARLES H. WILLIAMS
NOAH'S ARK PALLBEARERS CHAPTER NO. 230
3700 STARKS STREET
ORLANDO, FL 32805-4263

SUBJECT: NOAH'S ARK PALLBEARERS CHAPTER NO. 230, INC.
Ref. Number: N01000006199

We have received your document for NOAH'S ARK PALLBEARERS CHAPTER NO. 230, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00018272

RECEIVED
2009 JUN 11 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of NOAH'S ARK #230

DOCUMENT NUMBER: 1000006199

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

Please return all correspondence concerning this matter to the following:

CHARLES H. WILLIAMS - GENERAL MANAGER

(Name of Contact Person)

NOAH'S ARK PAIBEARERS NO. 230

(Firm/Company)

3700 STARKS STREET

(Address)

ORLANDO, FLORIDA 32805-4263

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES H. WILLIAMS

(Name of Contact Person)

at (407) 293-3772

(Area Code & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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:

NOAH'S ARK Fall BEARERS Chapter NO. 236, INC.

SECOND: The document number of the corporation (if known): NO: 1000006199

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 the meeting of members at which the resolution to dissolve was adopted April 15, 2009. 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: APRIL 15, 2009
(no more than 90 days after dissolution file date)

Signature Charles H. Williams
(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.)

CHARLES H. WILLIAMS
(Typed or printed name of the person signing)

GENERAL MANAGER / D
(Title of person signing)

FILING FEE: \$35