

NO1000007698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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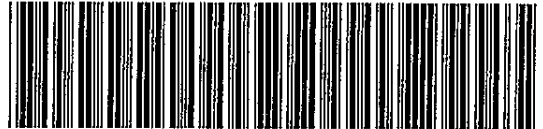
(Business Entity Name)

(Document Number)

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2005 APR 28 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Dissolution*  
*LFS*  
*5-5-05*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for Multiplying Talents International, Inc.

**DOCUMENT NUMBER:** N01000007698

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

Please return all correspondence concerning this matter to the following:

Aretha Olivarez

\_\_\_\_\_  
(Name of Person)

Multiplying Talents International, Inc.

\_\_\_\_\_  
(Name of Firm/Company)

P.O. Box 682113

\_\_\_\_\_  
(Address)

Orlando, FL 32868

\_\_\_\_\_  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Aretha Olivarez

\_\_\_\_\_  
(Name of Person)

at ( 407 )

298-9696

\_\_\_\_\_  
(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
Multiplying Talents International, Inc.

SECOND: The document number of the corporation (if known): N01000007698

THIRD: Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
\_\_\_\_\_

(CHECK ONE)

☐ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with  
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 April 5, 2005

The number of directors in office was three and the vote for resolution was  
three for and zero against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: April 16, 2005  
(no more than 90 days after dissolution file date)

Signed this 5th day of April, 2005.

Signature   
(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.)

Aretha Olivarez  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**