

ND2000000 3396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

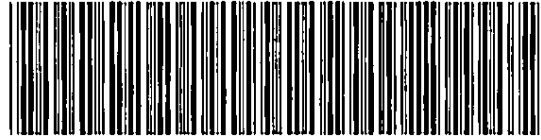
(Document Number)

Certified Copies _____

Certificates of Status ☒

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SEP 12 2019

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2019 SEP 11 PM 3:16

CLERK OF DISTRICT COURT
JULIA M. GRIFFIN

0112



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2019

AMPARO M PENA
CENTRO CRISTIANO DE OCALA, INC.
5501 SW 191ST COURT
DUNNELLON, FL 34432

SUBJECT: CENTRO CRISTIANO DE OCALA, INC.
Ref. Number: N02000003396

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE SECTION #1 OR SECTION #2, NOT BOTH.

THE TITLE OF THE OFFICER/DIRECTOR SIGNING SHOULD INDICATE PRESIDENT. PLEASE AMEND ACCORDINGLY AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00018109

I have ammended the document and the original is attached.

Fajardo

2019 SEP 11 PM 11:03

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRO CRISTIANO DE OCALA, INC

DOCUMENT NUMBER: N02000003396

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

Please return all correspondence concerning this matter to the following:

AMPARO M PENA

(Name of Contact Person)

CENTRO CRISTIANO DE OCALA, INC

(Firm/Company)

5501 SW 191ST COURT

(Address)

DUNNELLON, FL 34432

(City/State and Zip Code)

For further information concerning this matter, please call:

AMPARO M PENA

(Name of Contact Person)

352

at (Area Code)

286-8492

(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

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:
CENTRO CRISTIANO DE OCALA, INC.

SECOND: The document number of the corporation (if known): N02000003396

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
AUGUST 18, 2019. 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:

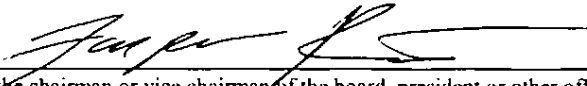
The corporation has no members or members entitled to vote on the dissolution.

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: AUGUST 19, 2019
(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: 
(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)

AMPARO M PENA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FL