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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DI SSOLUTION	
DOCUMENT NUMBER: NO2 0000 7619	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NORMA CRESS	
NORMA CRESS (Name of Person) MARION COUNTY MULTICULTURAL AND EDUCATIONAL ALLI INC	
(Name of Firm/Company)	
2256 CR 437 A (Address)	
LAKE PANASOFFKEE FL 33538 (City/State/and Zip Code)	
For further information concerning this matter, please call:	
NORMA CRESS at (352) 427-3167 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$60 Certi	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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: MARION COUNTY MULTICULTURAL AND FOUCATIONAL ALLIANCE, INC.		
SECOND:	The document number of the corporation (if known): NO200007619		
THIRD:	The file date of the articles of incorporation: NO200007619		
FOURTH	The file date of the articles of incorporation: <u>NORVOCO 1614</u> The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid. Adoption of Dissolution (CHECK ONE)		
SIXTH:	H: 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 an incorporator.		
	☐ The dissolution was authorized by a majority of the incorporators.		
	Signed this 25 day of April , 2005.		
Signature: Marca Scisco			
_	(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)		
	JUANA PASCO		
	(Typed or printed name of person signing)		
	TREASURE R		

Filing Fee: \$35