N0200008732

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| <u> </u> | | |

Office Use Only



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SECRETARY OF STATE
ALLAMASSEE, FLORIDA



COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DISSOLUTION | OF COMPANY. |
| DOCUMENT NUMBER: NO 200 | 0008732 |
| The enclosed Articles of Dissolution and fee are s | ubmitted for filing. |
| Please return all correspondence concerning this m | natter to the following: |
| GEORGE PEDO (Name of Conta SOUTH BROWNED PROGRE | AR |
| (Name of Conta | ct Person) |
| TOUTH BROWNED TROGK | ESSIVE ALLIANCE ANC |
| 3210 CRYSTAL WAY | |
| MIRAMAR FORIDA | |
| (City/State and 2 | |
| For further information concerning this matter, ple | ase call: |
| GEORGE PEDLAR I | (994) 802-0139 |
| (Name of Contact Person) | (Area Code & DaytimeTelephone Number) |
| Enclosed is a check for the following amount: | |
| (| \$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Additional copy is Enclosed) \$\sum \\$252.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301



OF ARR 19 PM

| | Miles |
|--------------------------------|----------------------------------------------------------------------------------------------------------------|
| Pursuant to s Articles of D | section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution: |
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| 7 | THE SOUTH SERSON BLOWARD PROBREGIVE Alliance |
| SECOND: | The document number of the corporation (if known): NOZOOOO8732 |
| 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 |
| | 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: (no more than 90 days after dissolution file date)

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.)

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35