

N03 0000004655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

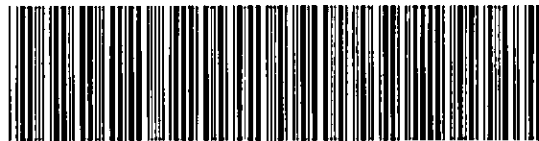
(Document Number)

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NOV 15 2021

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FILED
2021 NOV -1 PM 2:26
SECRETARY OF STATE
ALABAMA



Mission:

Eliminate homelessness in Marion County by providing housing assistance and case management for sustainability.

Vision:

All Marion County citizens will live in sustainable, safe, and habitable homes.

October 19, 2021

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

Article of Dissolution: N03000004655

To whom it may concern,

Attached please find the signed Articles of Dissolution for Marion County Homeless Council, Inc.

In June of 2020, Marion County Homeless Council Inc. lost funding which supported operational and staffing cost. While the agency did manage to continue with less staff and funding for a little over a year, Marion County Homeless Council was not successful in raising enough funding to remain open and active.

As a result, a decision was made to close the agency and dissolve the non-profit. The physical office located at 2300 SW 17th Road has been closed and all paid staff separated. Angela Juaristic remains as an unpaid Executive Director and is anticipating remaining in this role until full dissolution of the agency has been achieved.

Anticipated agency dissolution and dissolution of the Marion County Homeless Council, Inc Board of Directors date is October 31, 2021. The final board meeting was held on October 14, 2021.

To ensure all business commitments and related responsibilities are fully met, Angela Juaristic (unpaid Executive Director) has been authorized to continue to sign all needed business-related documents.

As the physical office has closed, I am requesting that any written correspondence be mailed to the agencies P.O Box address:

Marion County Homeless Council, Inc.
P.O. Box 162
Ocala, Florida 34478

Should you need any further documentation of information, Angela Juaristic can be reached on her personal cell at 352-427-8655.

Thank you,


Angela Juaristic

PO Box 162

Ocala, FL 34478

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marion County Homeless Council, Inc.

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Juaristic

(Name of Person)

Marion County Homeless Council, Inc.

(Firm/Company)

P.O. Box 162

(Address)

Ocala, Florida 34478

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Juaristic

352

427-8655

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2021 NOV 21 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Marion County Homeless Council, Inc.

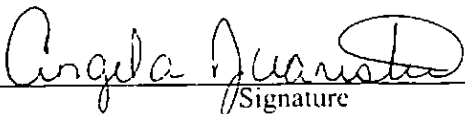
2. The Articles of Organization were filed on June 3, 2003 and assigned
document number N03000004655

3. The delayed effective date the dissolution if not effective on the date of filing: October 31, 2021
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Loss of grant funding that supported operations/
Cost and salaries.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Angela Juaristic P.O. Box 162 Ocala, FL 34478 352-427-8655

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:


Signature

Angela Juaristic

Printed Name

FILING FEE: \$25.00