

NO3000006001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

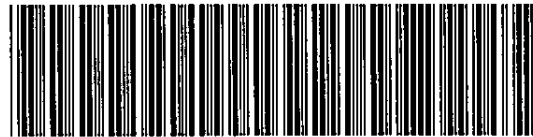
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 20 AM 3:33

Miss Wl notice

FEB 26 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONGOLESE-AMERICAN CHAMBER OF COMMERCE, INC.

DOCUMENT NUMBER: N03000006001

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

Please return all correspondence concerning this matter to the following:

KABAMBA, NKAMANY DR

(Name of Contact Person)

CONGOLESE-AMERICAN CHAMBER OF COMMERCE, INC.

(Firm/Company)

12340 SW 109 TERRACE

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

KABAMBA, NKAMANY DR at **(786) 2081633**

(Name of Contact Person)

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
CONGOLESE-AMERICAN CHAMBER OF COMMERCE, INC.

SECOND: The document number of the corporation (if known): N03000006001

THIRD: The date dissolution was authorized: DECEMBER 9TH, 2013

Effective date of dissolution if applicable: FEBRUARY 12TH, 2014
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☐ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

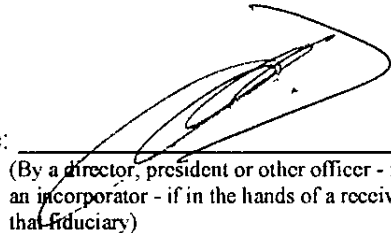
☒ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Two board members out of Three

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

KABAMBA, NKAMANY DR-MD

(Typed or printed name of person signing)

Title ED (Executive Director)

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 20 AM 3:33

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CONGOLESE-AMERICAN CHAMBER OF COMMERCE, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The Dissolution of the corporation was voted by the Two of Three
Board Members due to the sudden death of the President (Mr.
KABAMBA, NGOIE SIMON). Please see the copy of certification of death

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

12340 SW 109 TERRACE MIAMI, FL 33186

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KABAMBA, NKAMANY DR-MD

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00