N03000009005

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200043751822

01/20/05--01015--004 **43.75



grat.

HUMANITÁRIAN RELIEF SERVICES, INC.

"Sharing the basic necessities of life with our poor" Isaiah 58:7

COVER LETTER

TO: Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: T. Maria Giuliani 675 Indian Rocks Road, N. Apt. # 6A Belleair Bluffs, FL 33770

TELEPHONE NUMBER: 727-581-5450

I have enclosed a money order in the amount of \$43.75 for the following:

1) Filing fee \$35.00 2) Certified copy of Dissolution \$8.75 TOTAL \$43.75

Please advise if this is all I need to do?

Thank You.

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 is HUMANITARIAN RELIEF SERVICES, INC.(N0300000	<u> </u>		•.
SECOND: The articles of incorporation were filed on OCTOBER 16, 2003	<u></u>		
THIRD: The corporation has not commenced to conduct its affairs.	Ā	05	
FOURTH: No debts of the corporation remain unpaid.	LAHASS	05 JAN 20	7
FIFTH: Adoption of dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	SEE, FLO	AM 11: 54	
☑ The dissolution was authorized by a majority of the directors: OR	ATE)RIDA	<u>্</u>	
The dissolution was authorized by an incorporator.			÷
☐ The dissolution was authorized by a majority of the incorporators.			
Signed this 15 day of JANUARY , 2005	₹.	•	
Signature L. Marin Lichari	ű.	.•	
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if Directors have not been selected by an incorporator)			
T. MARIA GIULIANI			
(Typed or printed name)			
PRESIDENT			

(Title)