

No 3000009876

(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



300094192653

03/29/07--01025--024 **35.00

APPROVED
AND
FILED

07 MAR 29 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss
G. Gottardo MAR 30 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NCHA

DOCUMENT NUMBER: NO3000009876

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

Please return all correspondence concerning this matter to the following:

LORRAINE SWENS

(Name of Contact Person)

National Coalition For A Healthy
America, Inc.
304 Tequesta Drive
Tequesta, FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

LORRAINE

(Name of Contact Person)

at (561) 745-0773 x120

(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 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:

National Coalition For A Healthy America, INC

SECOND: The document number of the corporation (if known): N03000029876

THIRD: The file date of the articles of incorporation: 11-06-03

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: 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.

APPROVED
AND
FILED
07 MAR 29 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

L. D. SWENS

(Typed or printed name of person signing)

Pres

(Title of person signing)

Filing Fee: \$35