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

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JAMES J. O'HEARN ACCOUNTANT

PHONE (772) 225 - 1136 FAX (772) 334 - 4426 EMAIL: O'HERNTAX@BELLSOUTH.NET INCOME TAX SERVICE ~ BOOKKEEPING ~ FINANCIAL STATEMENTS ~ CONSULTING

JUNE 04, 2011

Ms. Maxine Taylor 1540 Hedington Circle Lawrenceville, GA 30045

RE: THE WORD MADE FLESH, INC.

ENCLOSED PLEASE FIND THE FOLLOWING:

- 1. ARTICLES OF DISSOLUTION. SIGN (IN TWO PLACES WHERE INDICATED). MAIL IN STAMPED ENVELOPE PROVIDED. MY CHECK ENCLOSED ALREADY IN ENVELOPE.
- 2. COPY OF DISSOLUTION FOR YOUR RECORDS.
- 3. RECEIPT OF E-POSTCARD FROM INTERNAL REVENUE SERVICE (FORM 990-N FILED)
- 4. INVOICE MARKED PAID

SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

JAMES J. O'HEARN

cc:files Enclosures

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: THE WORD MADE FLE	SH, INC.
DOCUMENT NUMBER: N04000007	15
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JAMES J O'HEARN	
(Name of C	ontact Person)
JAMES J O'HEARN, ACCOUNTAN	NT
(Firm/C	Company)
2466 NE 17TH COURT	
(Ado	dress)
JENSEN BEACH, FL 34957	
(City/State a	nd Zip Code)
For further information concerning this matter,	please call:
JAMES J O'HEARN	at (772) 225-1136
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) 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



June 27, 2011

JAMES J. O'HEARN JAMES J. O'HEARN, ACCOUNTANT 2466 NE 17TH COURT JENSEN BEACH, FL 34957

SUBJECT: THE WORD MADE FLESH, INC.

Ref. Number: N0400000715

We have received your document for THE WORD MADE FLESH, INC. and check(s) totaling \$52.50. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 611A00015456





ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

TRST:	The name of the corporation as currently filed with the Florida Department of State:
	THE WORD MADE FLESH, INC.
SECOND:	The document number of the corporation (if known): N0400000715
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
	SECTION I If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE)
	☐ The date of the meeting of members at which the resolution to dissolve was adopted
	The number of votes cast by the members was sufficient for approval. The resolution was adopted by written consent of the members and executed in accordance with section 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 12/312010
	The number of directors in office was 5 and the vote for resolution was
	5 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution <u>if applicable</u>: 12/31/2010

(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.)

MAXINE TAYLOR

(Typed or printed name of the person signing)

DIRECTOR

Title of person signing)

FILING FEE: \$35