

NO4000002595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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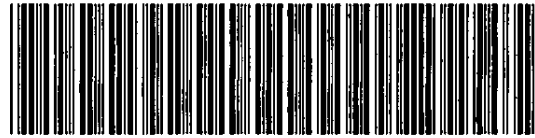
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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VP

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07 JUL 12 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~2:28pm~~ JUL 12 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2007

RAFAEL SANTANA
IGLESIA DE DIOS PUERTO SEGURO, INC
P O BOX 262227
TAMPA, FL 33685-2227

SUBJECT: IGLESIA DE DIOS PUERTO SEGURO, INC
Ref. Number: N04000002595

We have received your document for IGLESIA DE DIOS PUERTO SEGURO, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please complete Section I or II. Please do not complete both Sections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 307A00042155

RECEIVED

07 JUL 12 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IGLESIA DE DIOS PUERTO SEGURO, INC

DOCUMENT NUMBER: N04000002595

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

Please return all correspondence concerning this matter to the following:

RAFAEL SANTANA

(Name of Contact Person)

IGLESIA DE DIOS PUERTO SEGURO, INC

(Firm/Company)

P.O. BOX 262227

(Address)

TAMPA, FL 33685 - 2227

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL SANTANA

(Name of Contact Person)

at (**813**) **264-7482**

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:

IGLESIA DE DIOS PUERTO SEGURO, INC

SECOND: The document number of the corporation (if known): N04000002595

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
06/14/07 the 24 Members. 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,

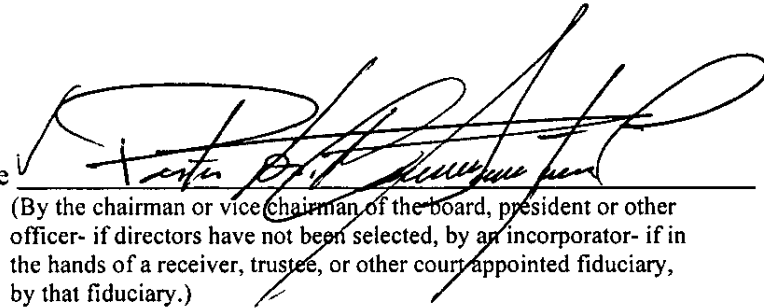
The date of adoption of the resolution by the board of directors was _____

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 06/15/2007
(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.)

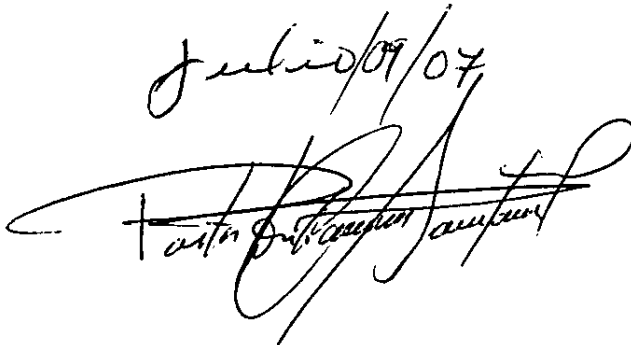
RAFAEL SANTANA

(Typed or printed name of the person signing)

PASTOR

(Title of person signing)

FILING FEE: \$35


July 10/07