

**N040000004003**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

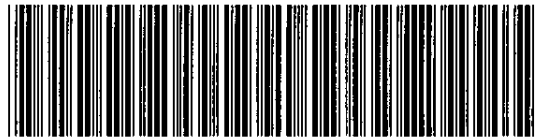
\_\_\_\_\_  
(Document Number)

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**FILED**

2008 DEC -8 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**  
12-31-08

*Dissolution*

*TR 12-12-08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATION DISSOLUTION

**DOCUMENT NUMBER:** NO4000004003

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

Please return all correspondence concerning this matter to the following:

VIOLA BRINKLEY

(Name of Contact Person)

APOSTLE FAITH CHURCH OF MIRACLES, INC

(Firm/Company)

P O BOX 470731

(Address)

MIAMI FLORIDA 33247

(City/State and Zip Code)

For further information concerning this matter, please call:

VIOLA BRINKLEY

(Name of Contact Person)

at ( 305 ) 681 2152

(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

EFFECTIVE DATE  
12-31-08

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:

APOSTLE FAITH CHURCH OF MIRACLES, INC.

SECOND: The document number of the corporation (if known): NO4000004003

THIRD: The file date of the articles of incorporation: 4/19/04

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.

Signature: X Viola Brinkley

(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)

VIOLA BRINKLEY

(Typed or printed name of person signing)

VICE PRESIDENT/SECRETARY

(Title of person signing)

**Filing Fee: \$35**

FILED  
2008 DEC -8 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: DECEMBER 31, 2008  
(no more than 90 days after dissolution file date)

Signature

Viola Brinkley

(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.)

VIOLA BRINKLEY

(Typed or printed name of the person signing)

VICE PRESIDENT/SECY

(Title of person signing)

**FILING FEE: \$35**