

**N04000010918**

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(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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(Document Number)

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DIVISION OF CORPORATIONS  
15 JUN 23 AM 8:31

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C LEWIS

## **GUTIERREZ & ASSOCIATES**

A Florida Professional Limited Liability Company  
Attorneys and Counselors at Law  
1200 Brickell Avenue, Suite 350  
Miami, Florida 33131  
Telephone (305) 577-4500  
Fax: (305) 577-8690  
E mail: [info@martlaw.com](mailto:info@martlaw.com)  
Webpage: [www.martlaw.com](http://www.martlaw.com)

Renaldy J. Gutierrez, Esq.  
Email: [RJG@MARTLAW.COM](mailto:RJG@MARTLAW.COM)

June 22, 2015

### **VIA FEDEX**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Ave Maria Missions, Inc.  
Document #: N04000010918  
Articles of Dissolution**

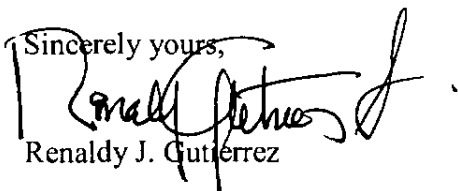
Dear Sir/Madam:

Enclosed please find check number 21242 in the amount of \$43.75 for the filing fee and certified copy of the attached Articles of Dissolution and Notice of Corporate Dissolution for the above corporation.

Additional copy of the foregoing is enclosed. For your convenience we have enclosed pre-stamped envelope to return the certified copy to us when completed.

Thank you very much for your attention to this matter.

Sincerely yours,

  
Renaldy J. Gutierrez

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ave Maria Missions, Inc.

**DOCUMENT NUMBER:** N04000010918

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

Please return all correspondence concerning this matter to the following:

Francisco J. Zuniga

\_\_\_\_\_  
(Name of Contact Person)

c/o Gutierrez & Associates

\_\_\_\_\_  
(Firm/Company)

1200 Brickell Avenue, Suite 350

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

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Renaldy J. Gutierrez

at ( 305 )

577-4500

\_\_\_\_\_  
(Name of Contact Person)

(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 617.1403, 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:

Ave Maria Missions, Inc.

SECOND: The document number of the corporation (if known): N04000010918

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 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 June 18, 2015.

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: June 30, 2015  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Francisco J. Zuniga

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 JUN 23 AM 8:31

## Notice of Corporate Dissolution

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JUN 23 AM 8:31

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

*Name of Corporation:* Ave Maria Missions, Inc.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

*Amount Owed, Nature of Claim, Supporting Documentation, and Statement of Account.*

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

Ave Maria Missions, Inc.

c/o Gutierrez & Associates

1200 Brickell Avenue, Suite 350

Miami, FL 33131

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*



Francisco J. Zuniga

*Printed Name of the Person Filing*

*Signature of the Person Filing*

***Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00***