

N05000009386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

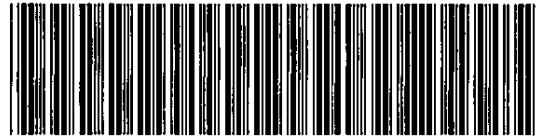
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 PM 4:14

EDWARD ALAN BRIAN
ATTORNEY AT LAW
2632 HOLLYWOOD BLVD., #203, HOLLYWOOD, FL 33020

TELEPHONE: (754) 234-8764

12-14-06

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

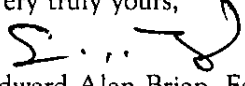
Re: Dissolution of :
MIAMI DADE MENTAL HEALTH COUNSELORS ASSOCIATION, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,


Edward Alan Brian, Esq.

enc.

ARTICLES OF DISSOLUTION

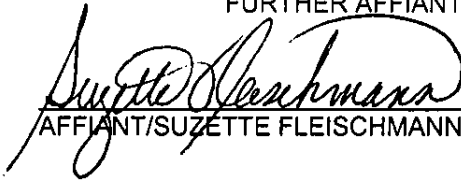
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Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is MIAMI DADE MENTAL HEALTH COUNSELORS ASSOCIATION, INC. Corporate number: N05000009386
- SECOND: The articles of incorporation were filed on 9-12-05.
- THIRD: The date dissolution was authorized was 12-14-06.
- FORTH: Dissolution was approved by the Members. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 12-14-06.

FURTHER AFFIANT SAYETH NAUGHT.



AFFIANT/SUZETTE FLEISCHMANN, President/Director

The foregoing instrument was acknowledged before me this 18th day of DECEMBER, 2006, by SUZETTE FLEISCHMANN, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF SUZETTE FLEISCHMANN.**

Witness my hand and seal at said county and state this 18 day of December, 2006

My commission expires




Signature of Notary Public

DOROTHY S. SENIW
Printed Name