NOS 00000 9522

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



500134587865

08/27/08--01007--008 **43.75



08 SEP 17 AM B: 5.5

ר וו ביי



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2008

PHILIPS MOMPREMIER, PASTOR SALEM EGLISE ADVENTISE P O BOX 16377
TAMPA, FL 33687

SUBJECT: SALEM SDA MINISTRY INC

Ref. Number: N05000009522

We have received your document for SALEM SDA MINISTRY INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only one Section and check only one box.

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 Regulatory Specialist II

Letter Number: 108A00048321

SECRETARY OF STATE TALL AHASSEE, FUORIDA

2008 SEP 17 AM 8: 00

MEGELVER



Salem Eglise Adventiste du Septième Jour

P.O. Box 16377 Tampa, FL 33687 813-935-2600

August 17, 2008

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

We are filing these articles of dissolution because we have recently learned that since our congregation is part of the FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS, we did not need to incorporate.

Thank you for your help

Sincerely

For the church

Pastor Philips Mompremier

Site internet: http://www.sdasalem.org
Email: info@sdasalem.org

COVER LETTER

Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: N0500000952	22
The enclosed Articles of Dissolution and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
PHILIPS M	OMPREMIER
(Name of Co	ontact Person)
SALEM SE	DA MINISTRY
(Firm/C	ompany)
8610 GRA	NDVIEW DR
(Add	ress)
TAMPA FL	_ 33617
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Philips Mompremier	at (305) 528-3513
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & [Certificate of Status	✓ \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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

FILED 08 SEP 17 AM 8: 33

ARTICLES OF DISSOLUTION LAHASSEE, FLORIDA

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:		
	SALEM SDA MINISTRY INC		
SECOND:	The document number of the corporation (if known): N05000009522		
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 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)		

Effective date of dissolution if applicable:	80/09/2008
	(no more than 90 days after dissolution file dat
Signature (By the chairman or vice chairman of officer- if directors have not been sele the hands of a receiver, trustee, or oth by that fiduciary.)	ected, by an incorporator- if in
Philips Momp	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of t	he person signing)
Directo	or
(Title of person si	gning)

FOURTH:

FILING FEE: \$35