

ND5000012331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D:SS.  
58

# SJS CHARITIES, INC.

3367 NORTH UNIVERSITY DRIVE, SUITE 101  
DAVIE, FLORIDA 33024

PHONE: (954) 425-0711

FACSIMILE: (954) 425-0611

September 25, 2007

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Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: SJS Charities, Inc.  
3367 N. University Drive, Suite 101  
Davie, Florida 33024

Dear Sir/Madam,

Please dissolve the Nonprofit Corporation, "SJS Charities, Inc." (Document Number N05000012331). The voluntary dissolution fee of \$35.00 is enclosed herein.

Also, please file the For Profit Articles for "SJS Charities, Inc." The filing fee of \$78.75 is enclosed.

If you should have any questions or comments, please feel free to give me a call.

Sincerely,



SJS Charities, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of SJS Charities, Inc.

**DOCUMENT NUMBER:** N 05000012331

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

Please return all correspondence concerning this matter to the following:

Sam Thankachen

(Name of Contact Person)

SJS Charities, Inc.

(Firm/Company)

3367 N. University Drive, Suite 101

(Address)

Davie, Florida 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Thankachen

(Name of Contact Person)

at ( 954 ) 818-9000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

SJS Charities Inc.

SECOND: The document number of the corporation (if known): ND5000012331

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 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: 9/30/07  
(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.)

Sam Thankachen  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**