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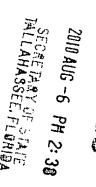
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COVER LETTER

SUBJECT: Food Shelter Health Ministry Inc. DOCUMENT NUMBER: N06000000082 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marsha Thompson (Name of Contact Person) (Firm/Company) 11110 W. Oakland Park Blvd. #377 (Address) Sunrise, Florida 33351 (City/State and Zip Code) For further information concerning this matter, please call: Marsha Thompson (Name of Contact Person) (Area Code & DaytimeTelephone Number) Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed)

MAILING ADDRESS:

'TO: Amendment Section

Division of Corporations

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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Food Shelter Health Ministry Inc. The document number of the corporation (if known): N0600000082 SECOND: The file date of the articles of incorporation: 1-4-2006 THIRD: **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: (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)

Filing Fee: \$35

President
(Title of person signing)

Marsha Thompson
(Typed or printed name of person signing)