(Requestor's Name) (Address)	
(Address)	400276290354
(City/State/Zip/Phone #)	
	08/24/1501047003 **43.75
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 15 OCT -S PH 4: 19 SECRETARIA TALLAIMSEEFFLORIA

## COVER LETTER

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# **TO:**<sup>2</sup> Amendment Section **Division of Corporations**

- 53

# **SUBJECT:** Closing Corporation

#### NO600002819 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

# **Victor Victores**

(Name of Contact Person)

FloridaFirst Coalition of Financial Institutions for Business Continuity, Inc., a Florida not for profit corporation.

(Firm/Company)

# 5901 Miami Lakes Drive East

(Address)

# Miami Lakes, Florida 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

#### <sub>at (</sub>305 Victor Victores 、820-5366 (Area Code & Davtime Telephone Number) (Name of Contact Person)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

■ \$43.75 Filing Fee & □ \$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2015

VICTOR VICTORES 5901 MIAMI LAKES DR E MIAMI LAKES, FL 33014

SUBJECT: FLORIDAFIRST COALITION OF FINANCIAL INSTITUTIONS FOR BUSINESS CONTINUITY, INC. Ref. Number: N06000002819

We have received your document for FLORIDAFIRST COALITION OF FINANCIAL INSTITUTIONS FOR BUSINESS CONTINUITY, 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):

The form you submitted is for a Florida for profit corporation, but your entity is a Florida not for profit corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 715A00018146

# ARTICLES OF DISSOLUTION

FILE 15 15 OCT -5 PX 4:19

Pursuant to section 617.1401, 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:

Floridatist Coalition of Financial Institutions for Business Continuity, Inc.

SECOND: The document number of the corporation (if known): NO600002819

THIRD: The file date of the articles of incorporation: March 13, 2006

- 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
  - **D** The dissolution was authorized by an incorporator.

 $\Box$  The dissolution was authorized by a majority of the incorporators.

Signature: firman or vice chairman of the board, president or other officer- if directors have not been y an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by (By sele. that fiduciary) Actor Victories and Tammy Huff (Typed or printed name of person/signing) Director of Finances and Vice Chair Nector of Fir

Filing Fee: \$35

# Notice of Corporate Dissolution

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: FlorIda First Coalition of Financial Institutions for Business Continuity

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:

for NoN-Active ÷

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

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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.

11EERES Printed Name of the Person Fill natyre of th<u>e Pa</u>

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