

NO6000004748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07 JUN 22 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD-151 (Rev. 12-22-07)  
Co-22-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for  
Mid-East Community Aid Program Incorporated (MECAP)

**DOCUMENT NUMBER:** NO 6000004748

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

Please return all correspondence concerning this matter to the following:

David L. Frim  
(Name of Contact Person)

Mid-East Community Aid Program (MECAP)  
(Firm/Company)

9629 Vineyard Court, Boca Raton, FL 33428  
(Address)

Boca Raton, FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Frim at ( 561 ) 271-7804  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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

## 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:

Mid - East Community Aid Program Incorporated

SECOND: The document number of the corporation (if known): NO6000004748

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 6/15/07.

The number of directors in office was 4 and the vote for resolution was

4 for and 0 against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(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.)

David L. Frim  
(Typed or printed name of the person signing)

President / Incorporator  
(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$35.**