

N06000006304

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 MAY - 1 PM 3:29

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DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY - 1 PM 3:38

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*Miss*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** NO6000006304

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

Please return all correspondence concerning this matter to the following:

Valencia D. Hill  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 18052  
(Address)

Tallahassee, FL 32318  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valencia D. Hill at ( 850 ) 893-6374  
(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 617.1401, 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:

Community Empowerment & Development Services, INC

**SECOND:** The document number of the corporation (if known): \_\_\_\_\_

**THIRD:** The file date of the articles of incorporation: \_\_\_\_\_

**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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Has hering Word  
(Typed or printed name of person signing)

Vice-President  
(Title of person signing)

Filing Fee: \$35