# N8700000871

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Rebirth of Desting Deliverance Min, Inc
DOCUMENT NUMBER: NO70000871
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mrs. Joshonda E. Essix, Pastor  (Name of Contact Person)  Rebirth of Desting Deliverance Min, Inc.  (Firm/Company)
42 Dewey In Se (Address)
Marietta GA. 30060 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (770) 865-6446 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c

## **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:
	The Rebirth of Destiny Deliverance Ministries, Inc
SECOND:	The document number of the corporation (if known): NOTOCOOST
THIRD:	The file date of the articles of incorporation: Jan 25,2007
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:
	The dissolution was authorized by an incorporator.
	The dissolution was authorized by a majority of the incorporators.
Signa	(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)
	Mrs. Jashonda E. Ess/x (Typed or printed name of person signing)
	Pastor President (Title of person signing)

Filing Fee: \$35