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TO: Amendment Section	ľ
Division of Corporations	
SUBJECT: AGAPE UNLIMITED ENTERPRISES OF SOUTH FLORID	A
DOCUMENT NUMBER: <u>Nº 7 000002682</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mame of Contact Person)	
(Name of contact relison)	
(Firm/Company)	
4606 HIGHEATE DR	
4606 HIGHBATE DR (Address) DELRAY BEACH FL 33445 (City/State and Zip Code)	
(City/State and Zip Code)	1
For further information concerning this matter, please call:	
ERROL GORDON at (754) 246 0542	i
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
¹ / ₂ \$35 Filing Fee ¹ / ₂ \$43.75 Filing Fee & ¹ / ₂ \$52.50 Filing Fee, Certificate of Status ¹ / ₂ (Additional copy is enclosed) ¹ / ₂ \$52.50 Filing Fee, Certificate of Status ¹ / ₂ (Additional copy is enclosed) ¹ / ₂ \$52.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, Certificate of Status ¹ / ₂ \$62.50 Filing Fee, ¹ / ₂ \$62.50 Filing Fe	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2017

TUNJARNIKA COLEMAN-FERREL 4606 HIGH GATE DRIVE DELRAY BEACH, FL 33445

SUBJECT: AGAPE UNLIMITED ENTERPRISES OF SOUTH FLORIDA INC Ref. Number: N07000002682

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been ad and is being returned to you for the following reason(s):

You may check/complete only one (1) box.

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 717A00013160



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation subfails ALG following 10: 53 Articles of Dissolution:

FIRST:

SECINC IARY OF STATE TALLAHASSEE, FLORIDA AGADE AND AND THE TALLAHASSEE, FLORIDA AGAPE UNLIMITED ENTERPRISES OF SOUTH FLORIDA The document number of the corporation (if known): NO700002682 INC.

SECOND:

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 meeting of members at which the resolution to dissolve was adopted

2008 The number of votes cast by the members was sufficient for

□ 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 _____

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

Effective date of dissolution, if applicable: FOURTH

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

TUN JAR NIKA COLEMAN - FERREU (Typed or printed name of person signing)

PRESIDEN T (Title of person signing)

Filing Fee: \$35