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Brown 6-24-11

COVER LETTER

Division of Corporations
SUBJECT: seeks of Hope Rival Hillsborough County. Inc.
DOCUMENT NUMBER: 1070000 84310
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAURA L. Iuzzolino
(Name of Contact Person)
Serbe of Hope
(Firm/Company)
10010 E AST BAY Kd (Address)
Gribsonton FT 33534
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (S13) SU6-6416 (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 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

TOIL JUN 22 AM 9 05
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Seebs of Hope Rue Al Hillsborough County, Inc. The document number of the corporation (if known): NOTODOO B436 SECOND: Adoption of Dissolution THIRD: (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 MAL 6, 2011

The number of directors in office was 2 and the vote for resolution was

2 for and Ø against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: $\frac{3}{2}$	
(no more than 90 days after disso	olution file date)
_ / / ·	
Signature Church 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.)	
1	
LAURA L. INZZOLIALO	
(Typed or printed name of the person signing)	
. 2 //	
K. A. Alas A	
(Title of person signing)	

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: Seeds OF Hope Breal Hillsborough Carry, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Coep to larger does Business in the manner that the Coep reconnelly was Formed the intent has Changed. We have Formed New Coap That better fits the Application of any students.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 7.D. Boy 2512 Queunew , -1 33568
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.

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

Printed Name of the Person Filing