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COVER LETTER

Division of Corporations SUBJECT: New Mt. Zion Deansy M. Bolden Scholarship Fund, Inc. DOCUMENT NUMBER: N07000008693 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Samuel Simmons (Name of Contact Person) New Mt. Zion Deansy M. Bolden Scholarship Fund, Inc. (Firm/Company) 1036 West Sixth Street (Address) Lakeland, FL 33805 (City/State and Zip Code) For further information concerning this matter, please call: 802-1396 Mr. Samuel Simmons (Name of Contact Person) (Area Code & DaytimeTelephone Number) Enclosed is a check for the following amount: ✓ \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

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 Sta	te:
	New Mt. Zion Deansy M. Bolden Scholarship Fund, Inc.	
SECOND:	The document number of the corporation (if known): N07000008693	
THIRD:	The file date of the articles of incorporation: 7 day of September 2004	
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	c <u>u</u>
	☐ The dissolution was authorized by an incorporator.	Wision 11 AP
	☐ The dissolution was authorized by a majority of the incorporators.	VISION DE CO
Signa	ature: All	PH 3: 07
2	(By the chairman or vice chairman of the board, president or other officer- if directors have no selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fid that fiduciary)	
	Mr. Samuel Simmons	
	(Typed or printed name of person signing)	
	Registered Agent	
	(Title of person signing)	

Filing Fee: \$35