

N07000009846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

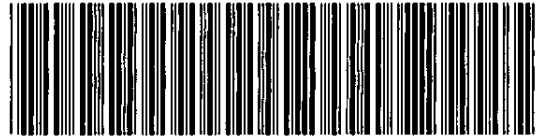
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FUNDISS
*CC
5/9/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2008

DIOMEDES FRANCO
1106 WOODSONG WAY
CLERMONT, FL 34714

SUBJECT: IGLESIA BUEN SAMARITANO, INC.
Ref. Number: N07000009846

We have received your document for IGLESIA BUEN SAMARITANO, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 508A00020974

RECEIVED
2008 MAY -9 AM 8:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Non-profit Dissolution

DOCUMENT NUMBER: N 07000009846

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

Please return all correspondence concerning this matter to the following:

Diomedes Franco
(Name of Contact Person)
Iglesia Buen Samaritano, Inc.
(Firm/Company)
1106 Woodson Way
(Address)
Clermont FL 34714
(City/State and Zip Code)

For further information concerning this matter, please call:

Diomedes Franco at (352) 250-9247 / 6533203
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:

Iglesia Buen Samaritano Inc.

SECOND: The document number of the corporation (if known): 1001000009046

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 the meeting of members at which the resolution to dissolve was adopted
March 12th, 2008. 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 _____.

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

FOURTH: Effective date of dissolution if applicable: March 12th, 2008
(no more than 90 days after dissolution file date)

Signature Diomedes Franco
(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.)

Diomedes Franco.
(Typed or printed name of the person signing)

President (Pastor)
(Title of person signing)

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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FILING FEE: \$35