

1108000005565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

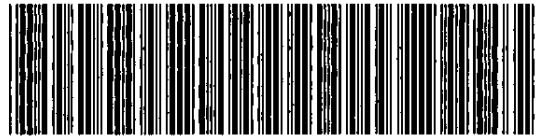
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900175911589

04/16/10--01022--014 **35.00

UD

FILED

10 MAY -5 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 05 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2010

ROBERT H. COHAN
KEHILLAN COLLELET, INC.
2917 WOODSIDE DR
TALLAHASSEE, FL 32312

SUBJECT: KEHILLAH COLLELET, INC.
Ref. Number: N08000005565

We have received your document for KEHILLAH COLLELET, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section I or II. Do not complete both sections.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 310A00009650

RECEIVED
2010 MAY -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEHILLAH CORPORA, INC.

DOCUMENT NUMBER: N08000005568

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

Please return all correspondence concerning this matter to the following:

ROBERT H. COHAN
(Name of Contact Person)

KEHILLAH CORPORA INC.
(Firm/Company)

402 2917 WOODSIDE DR.
(Address)

TALLAHASSEE, FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT COHAN at (850) 765-8458
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

FILED
10 MAY -5 PM 4:53
SECRETARY OF STATE
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:

KEHILLAH COLLIER INC

SECOND: The document number of the corporation (if known): NO8000005568

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
3-29-10, 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 3-29-10.~~

~~The number of directors in office was 1 and the vote for resolution was
1 for and 0 against. (must be a majority vote)~~

~~Errol R. R.~~

FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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.)

ROBERT H. COHAN
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35