

ND80000009444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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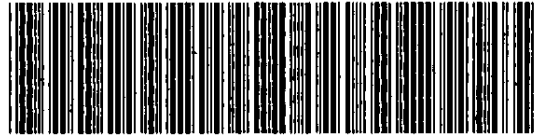
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 MAY 12 PM 3:10

Art D155
@ 5/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Filing Articles of Dissolution

DOCUMENT NUMBER: NO8000009444

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

Please return all correspondence concerning this matter to the following:

PAULA GRULLON

(Name of Contact Person)

FLORIDA Community Housing Network Corp.

(Firm/Company)

2658 S. MYSTLE AVENUE

(Address)

SANFORD FL 32773

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULA GRULLON

(Name of Contact Person)

at (407) 739-9598

(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

RECEIVED
APR 11 1994
10:00 AM

already
Pd

April 14, 2010

PAOLA GRULLON
FLORIDA COMMUNITY HOUSING NETWORK, CORP.
2658 S. MYRTLE AVENUE
SANFORD, FL 32773

SUBJECT: FLORIDA COMMUNITY HOUSING NETWORK, CORP.
Ref. Number: N08000009444

We have received your document for FLORIDA COMMUNITY HOUSING NETWORK, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00009201

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

REC'D
2010 MAY 12 AM 8:00
STATE
SECRETARY
TALLAHASSEE
FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 12 PM 3:10

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:

FLORIDA Community Housing Network

SECOND: The document number of the corporation (if known): NO8000009444

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
4/11/2010. 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: 4/11/10
(no more than 90 days after dissolution file date)

Signature X

(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.)

Felicia DIAZ
(Typed or printed name of the person signing)

President

(Title of person signing)

FILING FEE: \$35