# N09000003637

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:
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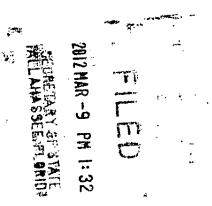
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### **COVER LETTER**

Division of Corporations
SUBJECT: <u>CONSERVATIVE INSTITUTE OF PUBLIC</u> AWARENESS DOCUMENT NUMBER: <u>NO9000003637</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
UUDITH FLOYD (Name of Contact Person)
. (Name of Contact Person)
(DividOurney)
P.O. BOX 1229
P.O. BOX 1229  (Address)  PALM HARBOR, FL 34683
(City/State and Zip Code)
For further information concerning this matter, please call:
OUDITH FLOYD at (8/3) 309-2350  (Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \bigsquare \\$43.75 Filing Fee & \bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigsquare \\$35 Filing Fee & \bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (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



FILED

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## ARTICLES OF DISSOLUTION SEGRETARY OF STATE MELAHAS SEE FLORIDS

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:
	CONSERVATIUE INSTITUTE FOR PUBLIC AWARENES
SECOND:	CONSERVATIVE TNSTITUTE FOR PUBLIC AWARENESS  The document number of the corporation (if known): NO900003637  TNC
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
	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)

Effective date of dissolution if applicable: FOURTH: (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.)

(Typed or printed name of the person signing)

TREASURER (Title of person signing)

FILING FEE: \$35