109000004550

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Non-Profit	Organiztion
DOCUMENT NUMBER: N090000045	50
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning the	is matter to the following:
David E. Littlejohn	
(Name of C	ontact Person)
Miami Field Office Benefit Fund	
(Firm/C	Company)
13800 NW 14 Street, Ste 110	
(Add	ress)
Sunrise, FL 33323	
(City/State a	nd Zip Code)
For further information concerning this matter,	please call:
David E. Littlejohn	at (954) 858-0709
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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

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 State	:	
	Miami Field Office Benefit fund , \mathbb{I}_{NC} ,		
SECOND:	The document number of the corporation (if known): N0900004550		
THIRD:	The file date of the articles of incorporation: May 08, 2009		
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		
	☐ The dissolution was authorized by an incorporator.		
	The dissolution was authorized by a majority of the incorporators.		
Sign	(By the chairman on 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 fidu that fiduciary)		у
	Fida Majzoub		
	(Typed or printed name of person signing)	FAL SI	=
	Director) AP
	(Title of person signing)	S. K.	1

Filing Fee: \$35

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