

NO 9000005925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

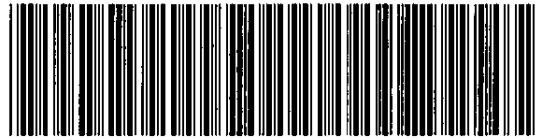
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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02/16/10--01040--004 **35.00

Handwritten signature/initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 16 PM 1:34

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Filing Articles of Dissolution

DOCUMENT NUMBER: N09000005925

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

Please return all correspondence concerning this matter to the following:

Victor M. Gonzalez

(Name of Contact Person)

Special Needs Individuals Alliance, Inc.

(Firm/Company)

P.O. BOX 350205

(Address)

Miami, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor M. Gonzalez

(Name of Contact Person)

at (786) 356-1793

(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

ARTICLES OF DISSOLUTION

FILED
2010 FEB 16 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Special Needs Individuals Alliance, Inc.

SECOND: The document number of the corporation (if known): N09000005925

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
_____. 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:

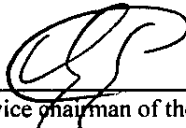
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 02/11/2010.

The number of directors in office was 3 and the vote for resolution was
3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 02/11/2010
(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.)

Victor M. Gonzalez

(Typed or printed name of the person signing)

President

(Title of person signing)

FILING FEE: \$35