N09000008816

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
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SECRETARY OF STATE

C-7,4/6

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: In His Face International Ministries			
DOCUMENT NUMBER: NO900008816			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Connie Johnson			
(Name of Contact Person)			
In His Face International Ministries (Firm/Company)			
109 W. Celeste Street			
(Address)			
Apopka, Florida 32703			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Connie Johnson at (407) 715-4089			
(Name of Contact Person) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\times \text{ \$43.75 Filing Fee & Certificate of Status } \text{ \$Certified Copy (Additional copy is enclosed)} \text{ \$Certified Copy (Additional copy is enclosed)} \text{ \$Certified Copy (Additional copy is enclosed)}			
MAILING ADDRESS: STREET ADDRESS:			

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

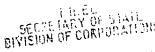
2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



ARTICLES OF DISSOLUTION

15 MAR -2 PM 2: 15

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:		
	In His Face International Ministries Inc.		
SECOND:	The document number of the corporation (if known): ND900008816		
THIRD:	The file date of the articles of incorporation: Sept. 9, 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.			
Sions	ature: Corrie Johnson		
(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)			
Connie Johnson			
(Typed or printed name of person signing)			
President (Title of person signing)			
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution



15 MAR -2 PM 2: 15

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: In His Face Inte	nactional Ministries
Date of dissolution will be the date the dissolution is filed with Articles of Dissolution.	the Department of State or as specified in the
Description of information that must be included in a claim:	
Never could produce	
	· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be s	sent to the Division of Corporations)
109 W. Celeste St	treet
Apopka, Florida 3	82768
A claim against the above named corporation will be barred ur	nless a proceeding to enforce the claim is commenced
within 4 years after the filing of this notice.	
Connie Johnson	Connie Johnson
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00