

NO90000011497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

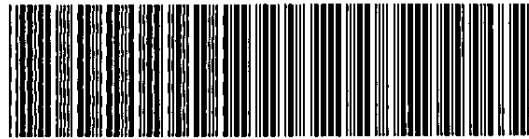
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected documents
by John Carr
TR 8-12-11

Office Use Only



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08/01/11--01026--023 **35.00

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FILED
11 AUG 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 8-12-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2011

CAROLINA PACHECO
SIS ACCOUNTING SERVICE, INC
7105 WEST 12TH AVE STE #5
HIALEAH, FL 33014

SUBJECT: MAKING DREAMS TRUE FOUNDATION INC
Ref. Number: N09000011497

We have received your document for MAKING DREAMS TRUE FOUNDATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 711A00018299

RECEIVED
11 AUG 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLE OF DISSOLUTION

DOCUMENT NUMBER: N09000011497

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

Please return all correspondence concerning this matter to the following:

MARIA CUAREZMA

(Name of Contact Person)

SIS ACCOUNTING SERVICE, INC

(Firm/Company)

7105 WEST 12TH AVE SUITE # 5

(Address)

HIALEAH, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA CUAREZMA

(Name of Contact Person)

at (305)

828-0600

(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
11 AUG 12 PM 1:59
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:

MAKING DREAMS TRUE FOUNDATION INC

SECOND: The document number of the corporation (if known): N09000011497

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 08/10/2011.

The number of directors in office was 4 and the vote for resolution was

1 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 08/10/2011
(no more than 90 days after dissolution file date)

Signature Fernando E. Espinoza
(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.)

FERNANDO ESPINOZA
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35