# ND900011918

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

SUBJECT: It's My Heart-South Florida Chapt	er, Inc.	_		
DOCUMENT NUMBER: N09000011918		<del>-</del>		
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jay Fleisher, Esq.				
(Name of Conta	act Person)			
Law Office of Jay Fleisher, P.A.				
(Firm/Com	pany)			
11380 Prosperity Farms Road, Ste. 204				
(Address)				
Palm Beach Gardens, FL 33410				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Jay Fleisher, Esq.	627-7004			
(Name of Contact Person)	(Area Code & DaytimeTe	elephone Number)		
Enclosed is a check for the following amount:				
	Certified Copy Co (Additional copy is conclosed) Co	52.50 Filing Fee, ertificate of Status & ertified Copy Additional copy is enclosed)		

## **MAILING ADDRESS:**

TO: Amendment Section

**Division of Corporations** 

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 617.1403, 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: It's My Heart-South Florida Chapter, Inc. The document number of the corporation (if known): N09000011918 SECOND: 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 04/04, 2011 The number of directors in office was \_\_\_\_\_ and the vote for resolution was for and \_\_\_\_\_ against. (must be a majority vote)

Signature	Vaus
1	(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.)
<u>L</u>	Irquisa Fernandez (Typed or printed name of the person signing)
<u>P</u>	resident (Title of person signing)

(no more than 90 days after dissolution file date)

Effective date of dissolution if applicable: Upon Filing

FOURTH:

FILING FEE: \$35

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# **Notice of Corporate Dissolution**

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.

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This " <i>Notice o</i>	of Corporate Dissolution" is optional and is not r	equired when filing a voluntary dissolut	tion.
Name of Corp	oration: It's My Heart-South Florida Chapt	ter, Inc.	
	ution will be the date the dissolution is filed with e Articles of Dissolution.	the Department of State or as	
Description of	information that must be included in a claim:		
NAME OF P	PERSON OR ORGANIZATION		
AMOUNT C	LAIMED		
EVIDENCE	OF INDEBTEDNESS BY THE CORPOR	RATION	
STREET AD	DDRESS WHERE PAYMENT IS TO BE S	SENT	
Mailing addres	ss where claims can be sent: (Claims cannot be se	ent to the Division of Corporations)	
	It's My Heart-South Florida Chapter		
	c/o Urquisa Fernandez		
	3845 Victoria Road		
	West Palm Beach, FL 33411		
	st the above named corporation will be barred un after the filing of this notice.	less a proceeding to enforce the claim is	s commenced
	Urquisa Fernandez Printed Name of the Person Filing	Signature of the Person Filing	