

N10000004610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

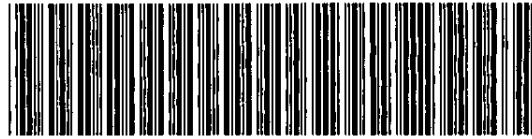
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

CHRIS RICHARDSON
CHRISTIANS SHARING RESOURCES INC.
PO BOX 521
EUSTIS, FL 32727

SUBJECT: CHRISTIANS SHARING RESOURCES, INC.
Ref. Number: N10000004610

We have received your document for CHRISTIANS SHARING RESOURCES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson
Document Specialist Supervisor

Letter Number: 612A00008197

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non-profit

DOCUMENT NUMBER: N10000004610

AD \$

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

Please return all correspondence concerning this matter to the following:

CHRIS RICHARDSON
(Name of Contact Person)

CHRISTIANS SHARING RESOURCES, INC.
(Firm/Company)

P.O. Box 521
(Address)

Eustis FL 32727
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS RICHARDSON at (352) 217-7263
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

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Document Specialist Supervisor

Letter Number: 612A00008197

RECEIVED

12 MAR 19 AM 9:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 MAR 19 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CHRISTIANS SHARING RESOURCES, INC.

SECOND: The document number of the corporation (if known): N10000004610

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

FEBRUARY 15, 2012. 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.

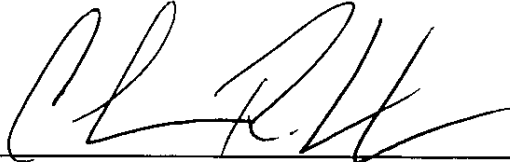
The date of adoption of the resolution by the board of directors was _____.

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

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: FEBRUARY 15, 2012
(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.)

CHRIS RICHARDSON

(Typed or printed name of the person signing)

SECRETARY

(Title of person signing)

FILING FEE: \$35