

N10000008002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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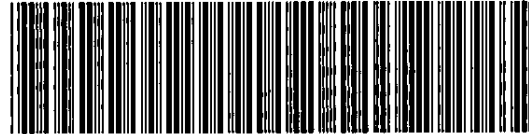
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*diss*  
C.COULLIETTE

JUN 20 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Friends of Mildred Fernandez Legal Defense Fund

**DOCUMENT NUMBER:** N10000008002

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

Please return all correspondence concerning this matter to the following:

Leonides E. Villalon

Name of Contact Person

Friends of Mildred Fernandez Legal Defense Fund Inc.

Firm/Company

6319 Fountain Vista Ln

Address

Orlando FL 32829

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonides E. Villalon

Name of Contact Person

at

(407) 497-0192

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

June 6, 2011

LEONIDES E. VILLALON  
FRIENDS OF MILDRED FERNANDEZ LEGAL DEFEN  
6319 FOUNTIN VISTA LN  
ORLANDO, FL 32829

SUBJECT: FRIENDS OF MILDRED FERNANDEZ LEGAL DEFENSE FUND  
INC.  
Ref. Number: N10000008002

We have received your document for FRIENDS OF MILDRED FERNANDEZ  
LEGAL DEFENSE FUND INC. and check(s) totaling \$35.00. However, the  
enclosed document has not been filed and is being returned to you for the  
following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida  
corporation. If you are trying to voluntarily dissolve the corporation enclosed is  
information on filing Articles of Dissolution.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 911A00013735

RECEIVED

11 JUN 20 PM 9: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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Division of Corporations

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(Area Code & Daytime Telephone Number)

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- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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:

Friends of Mildred Fernandez Legal Defense Fund Inc

SECOND: The document number of the corporation (if known): N10000008002

THIRD: The file date of the articles of incorporation: 08/24/2010

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature: Leonides E. Villalon

(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)

LEONIDES E. VILLALON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**