

N100000009968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

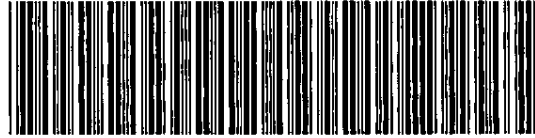
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WE NEED YOU, INC.

DOCUMENT NUMBER: N10000009968

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

Please return all correspondence concerning this matter to the following:

Alejandro A. Zamora

(Name of Contact Person)

Law Offices of Alejandro A. Zamora, PA

(Firm/Company)

1401 NW 17th Avenue

(Address)

Miami, FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

Alejandro A. Zamora

(Name of Contact Person)

at (305)

(Area Code)

324-4512

(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

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TALLAHASSEE, FL 32301



LAW OFFICES OF
ALEJANDRO A. ZAMORA, ESQ., P.A.

JURIS DOCTOR & LIC. EN DERECHO
MEMBER OF
FLORIDA BAR & ILUSTRE
COLEGIO DE ABOGADOS DE
GRANADA, SPAIN (ICAGR)

PLEASE REPLY TO:

1401 N.W. 17TH AVENUE
MIAMI, FLORIDA 33125
PHONE (305) 324-4512
FAX (305) 326-1609
EMAIL: aa zamora@bellsouth.net

January 11, 2016

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Dissolution of We Need You Inc., a Florida Nonprofit Corporation

Dear Sirs/Madams:

Please find enclosed office check in the sum of \$43.75 for filing fees and certificate of status, with cover letter and articles of dissolution regarding We Need You, Inc. Please file the articles of dissolution and mail the certificate of status in the enclosed stamped, preaddressed envelope.

Should you have any questions, please notify me at your earliest opportunity. I look forward to receipt of certificate of status.

Thank you for your anticipated cooperation. Respectfully submitted,


ALEJANDRO A. ZAMORA

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:
WE NEED YOU, INC.

SECOND: The document number of the corporation (if known): N10000009968

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 meeting of members at which the resolution to dissolve was adopted
11/12/15. 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:

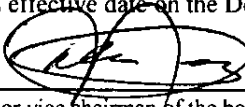
The corporation has no members or members entitled to vote on the dissolution.

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: 12/31/15
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Fabian B. Pira Arrivillaga

(Typed or printed name of person signing)

Chairman/President/Director

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA