11/000000384/

(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:
•





200242949832

12/26/12--01020--002 **52.50

SSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Articles of D	issolution
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Joaquin Zeledin (Name of Contact Person	^
(Name of Contact Person	on)
(Firm/Company)	Street
(Address) Plantagen PL 3 (City/State and Zip Co	33325
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	all:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$\text{\$\sum_\$35 Filing Fee } \text{\$\sum_\$\$43.75 Filing Fee & \$\text{\$\sum_\$\$\$\$\$\$\$\$\$\$\$ Certificate of Status } \text{\$\text{\$\cute{Certified G}\$}\$} (Additional enclosed)	al copy is Certified Copy
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

December 27, 2012

JOAQUIN ZELEDON 12351 NW 6TH STREET PLANTATION, FL 33325

SUBJECT: DARAH ZELEDON CHARITABLE FOUNDATION, INC.

Ref. Number: N11000003841

We have received your document for DARAH ZELEDON CHARITABLE FOUNDATION, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 712A00030412

IFEB -5 AM II: 56

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution
DOCUMENT NUMBER: 11 00000 38 4
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Firm/Company)
12351 NW 6th St.
Plantation, TL 33326
(City/State and Zip Code)
For further information concerning this matter, please call: Toggin 2 Styling at (917) 544-5667 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Sas Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Barbara Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)} \$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \$\Bigcup \\$43.75 \text{ Filing Fee & 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

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:
	Darah Zeledon Charitable Foundation Inc
SECOND:	The document number of the corporation (if known): 100000394
THIRD:	The file date of the articles of incorporation: 4-15-2011
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 OR OR OR OR OR OR OR OR O
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(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) (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35

	(no more than 90 days after dis
	\ \ \ /
	. \\\\/
Signatur	
	(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.)
	Joanus Weden
	(Typed or printed name of the person signing)
	\ \.
	V 1005 TA On T
	(Title of person signing)
	(1 B B)

FOURTH: Effective date of dissolution <u>if applicable</u>:

FILING FEE: \$35