

N110000009043

(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:

Office Use Only



600224032286

03/19/12--01019--006 **35.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
12 APR -5 PM 3:57

And Diss
(10) 4/5/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2012

BARBARA RUIZ-GONZALESZ
RUIZ-GONZALEZ & ASSOCIATES, PA
201 S. BISCAYNE BLVD - 28TH FLOOR
MIAMI, FL 33131

SUBJECT: SALVADORAN AMERICAN MEDICAL SOCIETY, INC.
Ref. Number: N11000009043

We have received your document for SALVADORAN AMERICAN MEDICAL SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00009846

RECEIVED

12 APR -5 AM 9:01

TALLAHASSEE, FLORIDA

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:

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

SECOND: The document number of the corporation (if known): N11000009043

THIRD: The file date of the articles of incorporation: 9/26/2011

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

☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 APR -5 PM 3:57

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)

FRANCISCO MEDINA

(Typed or printed name of person signing)

PRESIDENT/INCORPORATOR

(Title of person signing)

Filing Fee: \$35