

# N120000010212

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

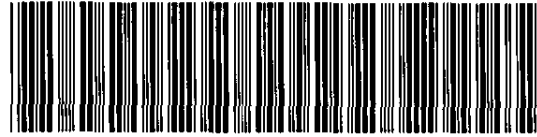
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

28 APR 28 PM 4:33

FILED

RECEIVED  
15 APR 28 PM 4:24  
DIVISION OF CORPORATION

*ASR*  
*4/29/15*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 607064 4363870

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 28, 2015

ORDER TIME : 3:35 PM

ORDER NO. : 607064-005

CUSTOMER NO: 4363870

DOMESTIC FILINGS

NAME: ST. MARY'S INDIAN CATHOLIC  
MISSION OF NORTH FLORIDA, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

ARTICLES OF DISSOLUTION

2015 APR 28 PM 4:33

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:  
St. Mary's Indian Catholic Mission of North Florida, Inc.

SECOND: The document number of the corporation (if known): N12000010212

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

\_\_\_\_\_ 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: \_\_\_\_\_  
(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)

Rev. Augustin Nellarikayil

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**