

N 12 0000 10619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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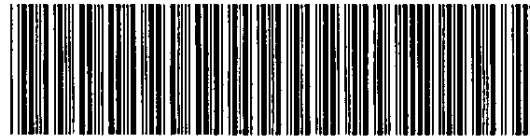
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
OF MASSACHUSETTS

08/23/13--01017--003 \*\*35.00

Valid is  
08/28/13  
DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ICHURCH INCORPORATED

**DOCUMENT NUMBER:** N12000010619

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

Please return all correspondence concerning this matter to the following:

LEON F HANSEN, CPA

(Name of Contact Person)

CORPORATION PARTNERSHIP & LLC ADVISORS INC

(Firm/Company)

PO BOX 1264

(Address)

WINTER HAVEN, FL 33882-1264

(City/State and Zip Code)

For further information concerning this matter, please call:

LEON F HANSEN, CPA at (863) 604-6655

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <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 617.1403, 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:

**ICHURCH INCORPORATED**

SECOND: The document number of the corporation (if known): **N12000010619**

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 **AUGUST 19, 2013**.

The number of directors in office was **2** and the vote for resolution was **2** for and **0** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **FILE DATE**

(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)

**CHARLES F AGUON II**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35**

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TALLAHASSEE FLORIDA