

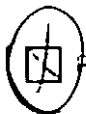
# N13000005053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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11/30/20--01004--002 \*\*55.00

RECEIVED  
2020 NOV 30 AM 10:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
2020 DEC -3 PM 2:10  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2020

CHRISTINE B REEVES  
429 DUPONT DR  
TALLAHASSEE, FL 32305

SUBJECT: MESSENGERS OF FAITH EVANGELIST INC.  
Ref. Number: N13000005053

We have received your document for MESSENGERS OF FAITH EVANGELIST INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 120A00023892

COVER LETTER

Has

TO: Amendment Section  
Division of Corporations

SUBJECT: MESSENGERS OF FAITH EVANGELIST INC.

DOCUMENT NUMBER: N13000005053

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

Please return all correspondence concerning this matter to the following:

CHRISTINE B. REEVES  
(Name of Contact Person)

MESSENGERS OF FAITH EVANGELIST INC.  
(Firm/Company)

429 DUPONT DR.  
(Address)

TALLAHASSEE FLA 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE B. REEVES at ( 813 ) 486-2146  
(Name of Contact Person) (Area Code) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation is filing the following Articles of Dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State: MESSENGERS OF FAITH EVANGELIST INC.

SECOND: The document number of the corporation (if known): N13000005053

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 11-30-20.

The number of directors in office was 4 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_

(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: Christine B. Reeves  
(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)

Christine B. Reeves  
(Typed or printed name of person signing)

Director  
(Title of person signing)

Filing Fee: \$35