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(Address)		
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ALLAHASSEE FLORING

SEL FLUKIDA

JAN 19 2016

R. Vuriax

COVER LETTER

Division of Corporations SUBJECT: Yahweh Universal Ministries, Inc. DOCUMENT NUMBER: ' The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Job Israel (Name of Contact Person) Yahweh Universal Ministries, Inc. (Firm/Company) 1770 NW 62 Terrace (Address) Miami, FL 33147 (City/State and Zip Code) For further information concerning this matter, please call: at (305 799-2920 (Daytime Telephone Number) Job Israel (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is **Certified Copy** enclosed) (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

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



December 31, 2015

JOB ISRAEL 1770 NW 62 TERR MIAMI, FL 33147

SUBJECT: YAHWEH UNIVERSAL MINISTRIES INC.

Ref. Number: N13000009727

We have received your document for YAHWEH UNIVERSAL MINISTRIES 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):

An officer/director must sign the document authorizing the dissolution.

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.

Rebekah White Regulatory Specialist II

Letter Number: 515A00027223

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: Yahweh Universal Ministries, Inc.		
SECOND:	The document number of the corporation (if known): N13000009727		
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 e		
	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: December 14, 2015		
	(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: Job Joseph (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)		
	Job Israel		
	President Gob Grael President (Typed or printed name of person signing) President Gritle of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.		
Name of Corporation: Yahweh Universal Ministries, Inc.		
Date of dissolution will be the date the dissolution is filed with of Dissolution.	the Department of State or as specified in the Article	
Description of information that must be included in a claim:		
Nature of Claim, copy of signed invoice.		
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)	
1770 NW 62nd Terrace, Miami, Fl 33147		
		
A claim against the above named corporation will be barred <i>u</i> within 4 years after the filing of this notice.	inless a proceeding to enforce the claim is commenced	
Job Israel	$\sigma_{A} \circ \sigma_{A}$	
Printed Name of the Person Filing	Strature of the Person Filing	