N14000003441

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: NOTICE OF DISSOLUTION OF A NOT	FOR PROFIT CORPORATON	
DOCUMENT NUMBER: N14000003441		
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
REINERIO HERNANDEZ		
(Name of Cor	stact Person)	
FOUNDATION FOR RESEARCH INTO EXTRATERRI	•	EE), INC.
(Firm/Co	mpany)	
10801 SW 102 PLACE		
(Addre	ess)	
MIAMI, FL 33176		
(City/State and	d Zip Code)	
For further information concerning this matter, p	lease call:	
REINERIO HERNANDEZ	786 291-210:	5
(Name of Contact Person)	at ()(Daytin	ne Telephone Number)
Enclosed is a check for the following amount:		
□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ Certificate of Status		\$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** 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 l	Dissolution:			
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	FOUNDATION FOR RESEARCH INTO EXTRATERRESTRIAL ENCOUNTERS (FREE), INC.			
SECOND:	The document number of the corporation (if known): N14000003441			
THIRD:	Adoption of Dissolution			
	(COMPLETE SECTION I OR II)			
	(COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote:			
	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			
	NOT APPLICABLE The number of votes and but he would be seen for the first form.			
	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 $\frac{2}{}$ and the vote for resolution was $\frac{2}{}$ for and $\frac{0}{}$ against. (Must be a majority vote)			
FOURTH	Effective date of dissolution, if applicable: June 15, 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:			
	(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)			
	REINERIO HERNANDEZ			
	(Typed or printed name of person signing)			
	CO-DIRECTOR			
	(Title 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 n	not required when filing a voluntary dissolution.
Name of Corporation: FOUNDATION FOR RESEARCH INT	O EXTRATERRESTRIAL ENCOUNTERS (FREE), INC.
Date of dissolution will be the date the dissolution is filed winter the control of Dissolution.	·
Description of information that must be included in a claim:	
NAME OF INDIVIDUAL OR BUSINESS ENTITY, ADDRESS ,	SERVICE PROVIDED OR GOOD PURCHASED.
DATES GOOD OR SERVICES PURCHASED. COPY OF CONT	TRACT FOR GOODS OR SERVICES.
Mailing address where claims can be sent: (Claims cannot b REINERIO HERNANDEZ, 10801 SW 102 PLACE, MIAMI, FL	
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
REINERIO HERNANDEZ	
Printed Name of the Person Filing	Signature of the Person Filing