

	Requestor's Name)			
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(1	City/State/Zip/Phone #)			
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PICK-UP	☐ WAIT	☐ MAIL		
(Business Entity Name)			
	Document Number)			
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Certified Copies	Certificates of	Status		
<u> </u>				
Special Instructions	to Filing Officer:			
Office Use Only				



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07/14/14--01007--011 **35.00

NOW

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations										
SUBJECT: Dissolution of Non Profit DOCUMENT NUMBER: N14000003752 The enclosed Articles of Dissolution and fee are submitted for filing.										
					Please return all correspondence concerning this matter to the following:					
					Adam Efland					
(Name of C	Contact Person)									
1360 Queen Elaine Dr	Company)									
Casselberry, FL 32707	dress)									
	and Zip Code)									
For further information concerning this matter,	, please call:									
Steve Efland	_{at} (407	923-8371								
(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		Certificate of Status &								
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	FREET ADDRESS: mendment Section ivision of Corporations lifton Building 661 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: The name of the corporation as currently filed with the Florida Department of State: FIRST: Howard Efland Project, INC. The document number of the corporation (if known): $\underline{N14000003752}$ SECOND: Adoption of Dissolution THIRD: (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 7/7/2014 . 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) Effective date of dissolution, <u>if applicable</u>: 7/7/2014 FOURTH 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) Stephen Efland (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)

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 Corp	oration: Howard Efland Pro	oject	
	ution will be the date the dissolution is filed verse Articles of Dissolution.	vith the Department of State or as	
Description of	f information that must be included in a clain	ı:	
NA			
Mailing addre	ess where claims can be sent: (Claims cannot	be sent to the Division of Corporat	ions)
	1360 Queen Elaine D	r	
	Casselberry, FL 3270)7	···
			
			
	est the above named corporation will be barre is after the filing of this notice.	ed unless a proceeding to enforce th	e claim is commenced
		11	1.1.1
Steve 6			1/10/
	Printed Name of the Person Filing	Signature of the Pers	OM Filing