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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

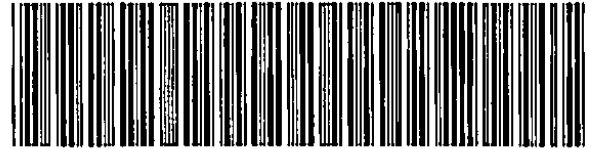
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/18--01026--005 **35.00

S TALLENT

MAR 08 2018

FILED
18 MAR -7 PM 4:59
U.S. DISTRICT COURT
NORTH DAKOTA DISTRICT

VID
w/notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2018

FLOR MARIA MOLINA
HUMANITARIAN INTERNATIONAL FOUNDATION OU
13110 SW 19 DR
MIRAMAR, FL 33027

SUBJECT: HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH
MISSION SERVICES, CORP.
Ref. Number: N14000007529

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE SECTION 1 OR SECTION 2. (ONLY ONE SECTION).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00002656

Rec-Mar 7, 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION NOT PROFIT ORGANIZATION

DOCUMENT NUMBER: N 14000007529

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

Please return all correspondence concerning this matter to the following:

FLOR MARIA MOLINA
(Name of Contact Person)
HUMANITARIAN INTERNATIONAL FOUNDATION OUT*
(Firm/Company) MISSION SPF
13110 SW 19 DR
(Address)
MIRAMAR, FLORIDA 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

FLOR M. MOLINA at () 786-262-7206
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH MISSION

SECOND: The document number of the corporation (if known): N14000007529

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 12/30/2017.

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 01/01/2018
(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)

FLOR M. MELINA

(Typed or printed name of person signing)

President

(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 not required when filing a voluntary dissolution.

Name of Corporation: HUMANITARIAN INTERNATIONAL FOUNDATION OUTREACH
SOCIETY

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

01/01/2018. (VOLUNTARY DISSOLUTION)

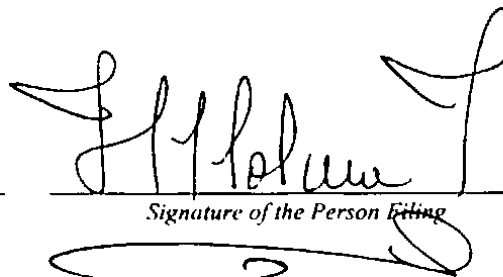
Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FLOR MARIA MOLINA

Printed Name of the Person Filing



Signature of the Person Filing