

N16000003700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

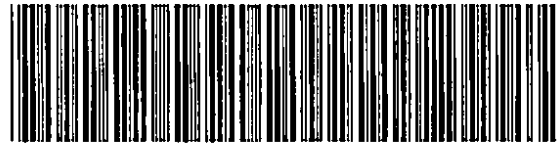
(Business Entity Name)

(Document Number)

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R. WHITE

JAN 19 2018

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18 JAN 17 PM 3:34
MILWAUKEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIVINE AND SACRED HEALING MINISTRIES FOR HEALTH
SMOCH PRIORY NO. 109, INC.

DOCUMENT NUMBER: N1600000 3700

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

Please return all correspondence concerning this matter to the following:

Rev./Father Dr. Michael John Balanck Pres./C.E.O.
(Name of Contact Person)

DIVINE AND SACRED HEALING MINISTRIES FOR HEALTH SMOCH PRIORY NO 109, INC.
(Firm/Company)

40 P. O. BOX 10
(Address)

SILVER SPRING, FLORIDA 34489-0010
(City/State and Zip Code)

For further information concerning this matter, please call:

Rev./Father Dr. Michael John Balanck at (352) 622-1151
(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
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:

Divine and Sacred Healing Ministries for Health SMOCH Priory No. 109, INC.

SECOND: The document number of the corporation (if known): N16 000003700

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 December 31, 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: December 31, 2017
(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: Reverend / Father Dr. Michael John Badack Pres./C.E.O
(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)

Reverend / Father Dr. Michael John Badack
(Typed or printed name of person signing)

President / C.E.O
(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: DIVINE and Sacred Healing Ministries For Hcs Hh SMOCH Priory
NO. 109, INC.

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

c/o Reverend/Father Dr. Michael John Badauck (Pres./C.E.O.)
P.O. Box 10
Silver Springs, Florida
34489-0010

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.

Reverend/Father Dr. Michael John Badauck Pres/CEO Reverend/Father Dr. Michael John Badauck
Printed Name of the Person Filing Signature of the Person Filing