

8/17/23, 10:04 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : CHISHOLM LAW FIRM, PLLC  
Account Number : 120220000066  
Phone : (407) 674-2657  
Fax Number : (888) 545-5919

2023 AUG 17 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

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DISSOLUTION OR WITHDRAWAL  
MAKEESHA L. ALLEN MINISTRIES, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

2023 AUG 17 AM 6:24

Electronic Filing Menu

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Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

MAKEESHA L. ALLEN MINISTRIES, INC.

**SUBJECT:** \_\_\_\_\_

N17000008339

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Breanna McCarthy

_____	(Name of Contact Person)
Chisholm Law Firm, PLLC	
_____	(Firm/Company)
37 N Orange Ave., Suite 500	
_____	(Address)
Orlando, Florida 32801	
_____	(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Breanna McCarthy	407	674-2657
_____	at (_____)	_____
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:  
MAKEESHA L. ALLEN MINISTRIES, INC.

N17000008339

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

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 August 9, 2023.

The number of directors in office was 2 and the vote for resolution was 2 for  
and NOT against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(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: Makeesha L. Allen

(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)  
Makeesha Allen

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FL.

### 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.*

MAKEESHA L. ALLEN MINISTRIES, INC.

Name of Corporation: \_\_\_\_\_

*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)*

7455 France Ave S Suite 416, Edina, MN 55435

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

Makeesha Allen

Printed Name of the Person Filing

Makeesha L. Allen

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**