

From: Leslie Perryman  
7/12/2021

718000009099

Fax: (407)841-1200

To:

Fax: (850)617-6380

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7/15/2021 2:41 PM

Division of Corporations

## Florida Department of State

Division of Corporations

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Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

**FILED**  
**Jul 12, 2021 08:00 AM**  
**Secretary of State**

### DISSOLUTION OR WITHDRAWAL ADVENT RESTORATION MINISTRIES, INC.

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**FILED**  
**Jul 12, 2021 08:00 AM**  
**Secretary of State****ARTICLES OF DISSOLUTION****OF****ADVENT RESTORATION MINISTRIES, INC.**

Pursuant to Section 617.1403 of the Florida Statutes, the undersigned Florida not for profit corporation hereby submits the following Articles of Dissolution:

**ARTICLE I - NAME OF CORPORATION AND DOCUMENT NUMBER**

The name of the corporation is Advent Restoration Ministries, Inc. (the "Corporation" Florida document number N18000009099.

**ARTICLE II - ADOPTION OF RESOLUTION TO DISSOLVE**

The date of the meeting of the members at which the resolution to dissolve the Corporation was adopted was July 10, 2021. The number of votes cast by the members was sufficient for approval.

**ARTICLE III - EFFECTIVE DATE OF DISSOLUTION**

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution with the Florida Department of State.

Dated this 10<sup>th</sup> day of July, 2021.

ADVENT RESTORATION MINISTRIES,  
INC.

By: Yvonne P. McFarlane  
Yvonne P. McFarlane, President

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*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:* Advent Restoration Ministries, 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:*

*Name of Claimant:* \_\_\_\_\_

*Address of Claimant:* \_\_\_\_\_

*Amount of Claim:* \_\_\_\_\_

*Basis of Claim:* \_\_\_\_\_

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

Yvonne P. McFarlane

3943 Rock Hill Loop

Apopka, FL, 32712

*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.*

Yvonne P. McFarlane

*Printed Name of the Person Filing*

  
*Signature of Person Filing*

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