N19000001530

(Requestor's Name)	
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City/State	/Zip/Phone #)
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PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
	
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dissolution With notice

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COVER LETTER

SUBJECT: Monty Housing Solutions, Inc - Letter 222A00005067

DOCUMENT NUMBER: N19000001530

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Monty Housing Solutions, Inc

(Firm/Company)

PO Box 1240

(Address)

Zephyrhills, Fl 33539

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

(Name of Contact Person)

■\$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certificate of Status

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional copy is enclosed)

Mailing Address:

Gilberto Montelongo Jr

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at (352) 424-4968 (Daytime Telephone Number)



March 2, 2022

GILBERTO MONTELONGO JR P.O. BOX 1240 ZEPHYRHILLS, FL 33539 US

SUBJECT: MONTY HOUSING SOLUTIONS, INC

Ref. Number: N19000001530

We have received your document for MONTY HOUSING SOLUTIONS, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to change from a non-profit corporation to a profit corporation you must first dissolve the non profit corporation. I have enclosed a dissolution form and I can use the \$35.00 fee previously sent in to file the dissolution. I have also enclosed new profit articles of incorporation. Please include a letter with the new articles of incorporation stating that you are not planning to revolk the dissolution for Monty Housing Solutions Inc and that you are releasing the name to the new corporation. The letter must be signed by an officer of the non profit corporation. Please include a check for \$70.00 with the new corporation form. Please send everything back to me with a copy of this letter.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 222A00005067

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following L Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: MONTY HOUSING SOLUTIONS, INC The document number of the corporation (if known): N19000001530 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 4/1/2022 _. 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, if applicable: **FOURTH** (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) Gilberto Montelongo Jr (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. MONTY HOUSING SOLUTIONS, 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) PO Box 1240, Zephyrhills, FL 33539 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. Signature of the Person Filing