

8/19/2020

Division of Corporations

Florida Department of State

Division of Corporations

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

PLEASE RETAIN ORIGINAL FILING DATE
OF AUGUST 19, 2020. THANK YOU.

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-8728
Fax Number : (561)671-2527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REVOCATION OF DISSOLUTION
LEGION OF THE SYSTEM AFFECTED, INC.**

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August 21, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEGION OF THE SYSTEM AFFECTED, INC.

3948 3RD ST S

JACKSONVILLE BEACH, FL 32250-5847

SUBJECT: LEGION OF THE SYSTEM AFFECTED, INC.

REF: N19000008999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The revocation of dissolution must be adopted in the same manner as the articles of dissolution.

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.

Rebekah White

Regulatory Specialist II Supervisor

FAX Aud. #: H20000286794

Letter Number: 720A00016019

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Legion of the System Affected, Inc.

SECOND: The document number of the corporation (if known) is N19000008999

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is June 30, 2020
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.

FOURTH: The revocation of dissolution was authorized on August 18, 2020

FIFTH: Adoption of revocation of dissolution (check one)

- ☐ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

☒ The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature /s/ Jeffery Q. Jonasen

(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name Jeffery Q. Jonasen

Title Incorporator

FILING FEE \$35

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 DIVISION OF CORPORATIONS
 20 AUG 19 AM 10:16

FILED
Jun 30, 2020
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:
LEGION OF THE SYSTEM AFFECTED, INC.
- SECOND: The document number of the corporation: N19000008999
- THIRD: The file date of the articles of incorporation: August 28, 2019
- FOURTH: The corporation has not commenced to conduct its affairs.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The dissolution was authorized by an incorporator.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: /S/ JEFFERY Q. JONASEN INCORPORATOR
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative