## NZO 000005017

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer: Speci	(Requestor's Name)					
(City/State/Zip/Phone #)	(Address)					
PICK-UP WAIT MAIL   (Business Entity Name) (Business Entity Name)   (Document Number) (Document Number)   Certified Copies Certificates of Status   Special Instructions to Filing Officer: Certificates of Status   Subscription Status   Guide Copies Certificates of Status   Special Instructions to Filing Officer: Certificates of Status   Subscription Status   Subscription Certificates of Status   Special Instructions to Filing Officer: Certificates of Status   Subscription Subscription   Subscription Certificates of Status   Certificates Certificates of Status   Certificates Certificates   Certificates Certificates   Certificates Ce	(Address)					
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Special Instructions to Filing Officer: SUSCIN ACTVISCO to FUL DISSOLUTION MSTEAD OF RESTATED ANTICUS	(Business Entity Name)					
Special Instructions to Filing Officer: SUSAN ACTVISED to FUL DISSOLUTION INSTEAD OF RESTATED ANTICLOS 8/10/20	(Document Number)					
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## COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

**.** 

SUBJECT: African American Allicance of CDFI'S, Inc.

N2000005017 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Veronica Anderson

·····	(Na	ime of Contact Person)	
Anderson and Associa	tes, P.A.		
		(Firm/Company)	
225 N. French Avenue			
		(Address)	
Sanford, FL 32771			
	(Cit	y/State and Zip Code)	
For further informa	ation concerning this	matter, please call:	
Veronica Anderson		at (	\$43-9901
(Name	e of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	k for the following ar	nount:	
🗋 \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Status & Certified Copy (Additional copy is enclosed)
		Course A	44 m

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. Morroe Street, Suite 810 Tallahassee, FL 32303

## 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: African American Allicance of CDFI'S, Inc.

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

THIRD: The file date of the articles of incorporation:

FOURTH The corporation has not commenced to conduct its affairs.

- FIFTH: No debts of the corporation remains unpaid.
- SIXTH: Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)

The dissolution was authorized by a majority of the directors: OR

The dissolution was authorized by an incorporator.

□ The dissolution was authorized by a majority of the incorporators.

2020 11:25 PH12:3

Signature:\_\_\_

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(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)

Inez Long

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35