

	Division of Com	•
	Fax Number	: (850)617-6380
From:		
	Account Name	: NELSON MULLINS RILEY & SCARBOROUGH, NAPLES
	Account Number	: I19990000199
	Phone	: (850)681-6810
	Fax Number	: (850)681-9792

DISSOLUTION OR WITHDRAWAL

SAL	T WATER MISSION	IS, INC.	IAL	202	
Certificate of	of Status	0	LAHASSEE.	2025 FEB	1
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Salt Water Missions, Inc

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Matthew McRoberts, Esq		
(Nam	e of Contact Person)	
Nelson Mullins Riley & Scarborough		
[]	Firm/Company)	
5811 Pelican Bay Boulevard, Suite 204		
	(Address)	
Naples, FL 34108		
(City/S	State and Zip Code)	
For further information concerning this ma	atter. please call:	
Matthew McRoberts, Esq.	at (239	325-0416
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■\$35 Filing Fee □ \$43 75 Filing Fee & □\$ Certificate of Status (a	—	2.50 Filing Fee, Certificate of tatus & Certified Copy (Additional copy is enclosed)
<u>Mailing Address</u> : Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division The Cen 2415 N.	<u>dress:</u> nent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

Fax Services

→ 18506176380

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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:
	Salt Water Missions, Inc.

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

THIRD:	Adoption of Dissolution
	(<u>COMPLETE SECTION FOR II</u>)

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 adopte

 $\widetilde{\mathfrak{G}}_{\mathfrak{r}}^{\mathfrak{r}} \sim \mathfrak{S}_{\mathfrak{r}}^{\mathfrak{r}}$. 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)

FOURTH Effective date of dissolution, if applicable: _

(no more than 90 days after dissolution file date) <u>Note:</u> 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 of vice charman 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 tiduciary, by that fiduciary)

Robert Rees

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35