N32845

(Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16 202	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16 202	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORN AUG 16	(Business Entity Name)
Special Instructions to Filing Officer: J. HORN AUG 16	(Dusiness Linky Harrie)
Special Instructions to Filing Officer: J. HORN AUG 16	(0)
Special Instructions to Filing Officer: J. HORN AUG 16	(Document Number)
Special Instructions to Filing Officer: J. HORN AUG 16	
	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
	JHO
	110R1
	706 16 20
Office Use Only	Office Use Only



800434321628

08/07/24--01003--009 **\$2.50



COVER LETTER "

TO: Amendment Section

Division of Corporations			
SUBJECT: Dissolution of the Charlotte Co	unty Homeless Coalition Inc.		
DOCUMENT NUMBER: N32845			
The enclosed Articles of Dissolution a	nd fee are submitted for fi	ling.	
Please return all correspondence concer	rning this matter to the fol	lowing:	
Tomas J Yi			
(N	ame of Contact Person)		
Vincentian Legal Services Inc.			
	(Firm/Company)		
384 15th St. N			
	(Address)		
St. Petersburg, FL. 33705			
(Ci	ity/State and Zip Code)		
For further information concerning this	matter, please call:		
Tomas Yi, Esq.	at (727)	270-7555	
(Name of Contact Person)	(Area Code)	270-7555 (Daytime Telephone Number)	
Enclosed is a check for the following a	mount:		
□\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		.50 Filing Fee, Certificate of atus & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Add	ress:	
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		· ·	
Tallahassee, FL 32303			

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: CHARLOTTE COUNTY HOMELESS COALITION, INC. The document number of the corporation (if known): N32845 SECOND: THIRD: Adoption of Dissolution (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 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 July 26, 2024 The number of directors in office was _____ and the vote for resolution was ___ and ____ against. (Must be a majority vote) Effective date of dissolution, if applicable: August 15, 2024 **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

(By the chairing 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)

LISA PERVIN

Signature:

(Typed or printed name of person signing)

be listed as the document's effective date on the Department of State's records.

Chief Executive Officer

(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations Dissolution of the Charlotte County Homeless Coalition Inc. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tomas J Yi (Name of Contact Person) Vincentian Legal Services Inc. (Firm/Company) 384 15th St. N (Address) St. Petersburg, FL. 33705 (City/State and Zip Code) For further information concerning this matter, please call: Tomas Yi, Esq. (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee □ \$43.75 Filing Fee & ≡\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certificate of Status Certified Copy Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)

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. Monroe Street, Suite 810
Tallahassee, FL 32303

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:			
	CHARLOTTE COUNTY HOMELESS COALITION, INC.			
SECOND:	The document number of the corporation (if known): N32845			
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)			
	Adoption of Dissolution (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			
	(CHECK/COMPLETE ONE)			
	☐ The date of meeting of members at which the resolution to dissolve was adopted			
	. The number of votes cast by the members was sufficient for			
	approval.			
with	☐ The resolution was adopted by written consent of the members and executed in accordance			
	section 617.0701, Florida Statutes.			
X	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 July 26, 2024			
	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: August 15, 2024			
	(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 in 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) LISA PERVIN			
	(Typed or printed name of person signing) Chief Executive Officer			
	(Title of person signing)			
	(rime or berson significal)			

Filing Fee: \$35