

(Requestor's	Name)
(Address)	
(Address)	
,	
(City/State/Zip	a/Dhana th
(City/State/Zij	orPrione #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
`	•
Certified Copies Cer	tificates of Status
Certified doples	incates of Otatus
Special Instructions to Filing Office	cer:

Office Use Only



600317567986

08/27/18--01026--006 **35.00

AUG 299 2018 S. YOUNG 18 AUG 27 AH 8: 0.
SECRE I SALE OF STATE
TALLAHASSEE, FI ORMA



Financial Service Professionals

Northeast Florida Chapter
P.O. Box 37028
Jacksonville, FL 32236
FSPJax.org — Email <u>admin@fspnefl.org</u>
Ph. 904-419-8056

August 14, 2018

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

RE Society of Financial Service Professionals, Northeast Florida Chapter Inc.

Dear Sir/Madam:

Enclosed please find the following:

- Completed Cover Letter
- Completed Articles of Dissolution

Leui Coombo Ohn

- Check in the amount of (thirty-five dollars) \$35.00 (filing fee)
- Please feel free to contact our office if you would have any questions or concerns.

Very truly yours,

Cherri Coombs Ohmer Chapter Executive Secretary

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Corporate Dissolution		
DOCUMENT NUMBER: N42292		
The enclosed Articles of Dissolution and fee a	re submitted for f	iling.
Please return all correspondence concerning this	is matter to the fo	llowing:
Cherri Coombs Ohmer		
(Name of C	ontact Person)	
(Firm/C	Company)	
P.O. Box 37028		
Jacksonville, FL 32236	iress)	
(City/State a	and Zip Code)	
For further information concerning this matter.	please call:	
Cherri Coombs Ohmer	904 at ()	626-6282
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Certified Copy (Additional co enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations	Ą	TREET ADDRESS: amendment Section Division of Corporations
P.O. Box 6327		lifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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:		
	Society of Financial Service Professionals, Northeast Florida Chapter, Inc.		
SECOND:	The document number of the corporation (if known):		
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.		
	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		
	The number of directors in office was $\frac{8}{2}$ and the vote for resolution was $\frac{8}{2}$ for and $\frac{0}{2}$ against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: August 30, 2018		
	(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)		
	Cherri Coombs Ohmer		
	(Typed or printed name of person signing)		
	Chapter Executive Secretary		
	(Title of person signing)		

Filing Fee: \$35