

N46616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400064362044

01/26/06--01053--009 \*\*43.75

FILED  
06 JAN 26 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
JAN 26 2006

S.S.P.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATIONAL FEDERATION of Hungarian Americans

**DOCUMENT NUMBER:** N 46616

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

Please return all correspondence concerning this matter to the following:

DR. ALFONZ LENGYEL

(Name of Contact Person)

(Firm/Company)

4206-73rd Terrace E

(Address)

Sarasota, FL 34243

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. ALFONZ LENGYEL

(Name of Contact Person)

at ( 941 ) 351-8208

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|--|---|

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED  
06 JAN 26 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

NATIONAL FEDERATION of HUNGARIAN AMERICANS Inc.

SECOND: The document number of the corporation (if known): N 46616

THIRD: Adoption of Dissolution  
(Complete Section I or II)

**SECTION I**

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted  
\_\_\_\_\_

(CHECK ONE)

- ☐ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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 12/31/05

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

FOURTH:

Effective date of dissolution if applicable:

12/3/05

(no more than 90 days after dissolution file date)

Signature

Dr. Alfonz Lengyel

(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.)

DR. ALFONZ LENGYEL

(Typed or printed name of the person signing)

ACTING PRESIDENT

(Title of person signing)

**FILING FEE: \$35**