

N95000003358

(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:

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05/26/16--01025--028 **262.50

FILED
16 JUL 26 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Veldis/Notice

JUL 28 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2016

VIVIAN BRYANT, ESQ.
ORLANDO HOUSING AUTHORITY
390 N. BUMBY AVE
ORLANDO, FL 32803

SUBJECT: MURCHISON TERRACE RESIDENT ASSOCIATION, INC.
Ref. Number: N95000003358

We have received your document for MURCHISON TERRACE RESIDENT ASSOCIATION, INC. and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) box regarding the adoption of the dissolution.

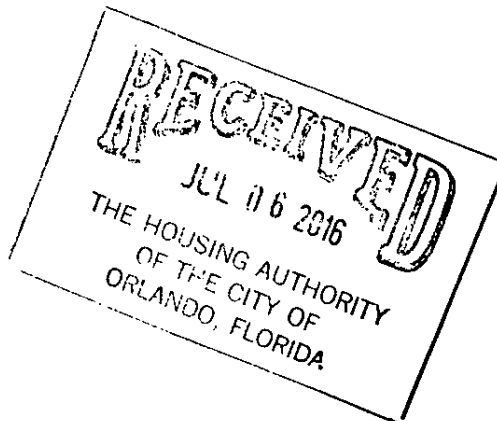
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 316A00013746

RECEIVED
16 JUL 26 PM 5:15
OFFICE OF THE CLERK
OF THE HOUSE OF REPRESENTATIVES
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MURCHISON TERRACE RESIDENT ASSOCIATION INC.

DOCUMENT NUMBER: N95000003358

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

Please return all correspondence concerning this matter to the following:

Vivian Bryant, Esq. President/CEO

(Name of Contact Person)

Orlando Housing Authority

(Firm/Company)

390 N. Bumby Ave.

(Address)

Orlando , Florida 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Bryant, Esq. President/CEO

at (407)

895-3300

(Name of Contact Person)

(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 &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(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
Clifton Building
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:
MURCHISON TERRACE RESIDENT ASSOCIATION INC.

SECOND: The document number of the corporation (if known): N95000003358

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

MAY 4, 2016

_____ 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)

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: Diann Mills

(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)

DIANN MILLS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
16 JUL 26 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MURCHISON TERRACE RESIDENT ASSOCIATION INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

ON MAY 4, 2016 MEETING CALLED TO ORDER BY RESIDENT PRESIDENT DIANN MILLS AT 3:00 9.M.

DISCUSS & VOTE: DISSOLVE RESIDENT ASSOCIATION INCORPORATION

RESIDENT ASSOCIATION BOARD VOTED UNANIMOUSLY (3) TO DISSOLVE INCORPORATION

MEETING ADJOURNED BY MURCHISON TERRACE RESIDENT ASSOCIATION INC. PRESIDENT

DIANN MILLS AT 3:30 P.M.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ORLANDO HOUSING AUTHORITY

390 N. BUMBY AVE

ORLANDO FLORIDA 32803

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

DIANN MILLS RESIDENT ASSOCIATION PRESIDENT

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00