

N95000004734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

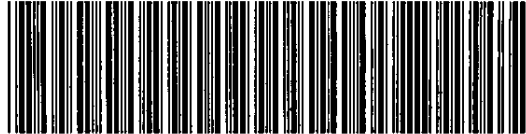
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY - 2 PM 1:05

MAY - 4 2016

C LEWIS

STEVEN M. CHARCHAT, P.A.
ATTORNEY AT LAW
848 BRICKELL AVENUE
SUITE 1040
MIAMI, FLORIDA 33131

(305)-358-8005
(305)-358-8006 (TELEFAX)

Steven M. Charchat, Esq.

April 25, 2016

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


Re: The Haitian Health and Education Foundation (Fondation Haitienne de la Sante et de
L'Education—Fhase), Inc.

Dear Sir or Madam:

Enclosed please find a cover letter and a check in the amount of \$35.00 representing the fee
for the enclosed Articles of Dissolution and Notice of Corporate Dissolution for the above
captioned.

Should you have any questions please call me at 305-358-8005.

Very truly yours,


Roxanne M. Tovar
Paralegal

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HAITIAN HEALTH AND EDUCATION FOUNDATION (FONDATION HAITIENNE
DE LA SANTE ET DE L'EDUCATION--FHASE), INC.

DOCUMENT NUMBER: N95000004734

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

Please return all correspondence concerning this matter to the following:

Steven M. Charchat, Esq.

(Name of Contact Person)

Steven M. Charchat, P.A.

(Firm/Company)

848 Brickell Avenue, Suite 1040

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven M. Charchat, esq.

at (305)

358-8005

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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:

THE HAITIAN HEALTH AND EDUCATION FOUNDATION (FONDATION HAITIENNE DE LA SANTE ET DE L'EDUCATION- - FHASE), INC.

SECOND: The document number of the corporation (if known): N95000004734

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

April 21, 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.

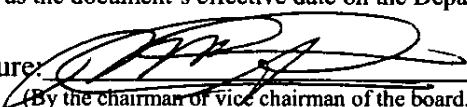
The date of adoption of the resolution by the board of directors was ____

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: 

(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)

Maurice Acra

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -2 PM 1:06

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.

THE HAITIAN HEALTH AND EDUCATION FOUNDATION (FONDATION
Name of Corporation: HAITIENNE DE LA SANTE ET DE L'EDUCATION- - FHASE), 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:

Date of Claim, Name of Claimant, Address of Claimant, Basis of Claim, Amount Due on Claim,

Whether the Claim is Liquidated or Unliquidated,, Whether the Claim is Secured or Unsecured,

Tax Identification Number of Claimant.

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

2320 NW 102nd Place

Doral, Florida 33172

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16 MAY - 2 PM 1:06

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.

Maurice Acra, Director

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