## 98000004371

| (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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Office Use Only



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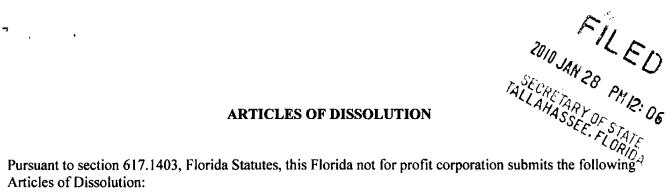
## **COVER LETTER**

| Division of Corporations                                   |   |  |  |
|--|---|--|--|
| SUBJECT: Articles of Dissolution                           |   |  |  |
| DOCUMENT NUMBER: N9800000437                               | <b>'</b> 1  |  |  |
| The enclosed Articles of Dissolution and fee ar            | e submitted for filing.   |  |  |
| Please return all correspondence concerning this           | s matter to the following:  |  |  |
|  | McCray  |  |  |
| (Name of Co  | ·   |  |  |
| The Word Of Life Ministries of Miami, Inc.                 |   |  |  |
| (Firm/Co   |   |  |  |
|  | au Court  |  |  |
| (Addr  | ess)  |  |  |
| Greenville, South Carolina 29605                           |   |  |  |
| (City/State an   | d Zip Code)   |  |  |
| For further information concerning this matter, p          | please call:  |  |  |
| William L. McCray  | at ( <u>864</u> ) <u>299-8500</u>   |  |  |
| (Name of Contact Person)                                   | (Area Code & DaytimeTelephone Number)   |  |  |
| Enclosed is a check for the following amount:              |   |  |  |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |  |  |
| MAILING ADDRESS:   | STREET ADDRESS:   |  |  |

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

TO: Amendment Section

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



Articles of Dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:         |  |  |  |
|---------|--|--|--|--|
|         | The Word Of Life Ministries Of Miami, Inc.   |  |  |  |
| SECOND: | The document number of the corporation (if known): N9800004371                               |  |  |  |
| 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 the meeting of members at which the resolution to dissolve was adopted         |  |  |  |
|         |  |  |  |  |
|         | 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:   | December 31, 2009                                  |  |
|---------|--|--|--|
|         | <u></u>  | (no more than 90 days after dissolution file date) |  |
|         | Signature  (By the chairman or vice chairman of officer- if directors have not been selet the hands of a receiver, trustee, or oth by that fiduciary.) | ected, by/an incorporator- if in                   |  |
|         | William L. Mo  | cCray  |  |
|         | (Typed or printed name of t  | the person signing)                                |  |
|         | Procide  | nt   |  |

FILING FEE: \$35

(Title of person signing)