

N98000005551

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

**DISSOLUTION OR WITHDRAWAL
MWH #14 CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

17 MAY - 1 AM 11:14

DIVISION OF CORPORATIONS

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*****PLEASE HONOR ORIGINAL DATE 05-01-17*****

850-617-6381

5/3/2017 12:04:47 PM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE 05-01-17



May 3, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MWH #14 CORPORATION
2 SEAPORT LANE, 15TH FLOOR
BOSTON, MA 02210

SUBJECT: MWH #14 CORPORATION
REF: N98000005551

17 MAY - 1 AM 11:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorrect form was submitted. Please complete form pursuant to a Florida Non Profit Corporation, section 617.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

FAX Aud. #: H17000119374
Letter Number: 817A00008672

RECEIVED
17 MAY - 5 AM 7:42
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MWH #14 Corporation

DOCUMENT NUMBER: N98000005551

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

MWH #14 Corporation

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (_____) _____
(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 Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

17 MAY - 1 AM 11:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

MWH #14 Corporation

SECOND: The document number of the corporation (if known): N98000005551

THIRD: The file date of the articles of incorporation: 09/25/1998

FOURTH: The corporation has not commenced to conduct its affairs.

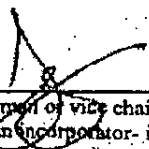
FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

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)

James J. Finnegan

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

17 MAY - 1 AM 11:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: MWH #14 Corporation

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:

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

AEW Legal Department

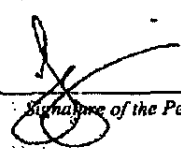
2 Seaport Lane, 15th Floor

Boston, MA 02210

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.

James J. Finnegan

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