

N990000003486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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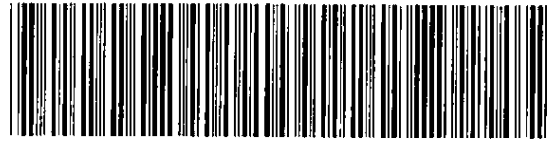
(Business Entity Name)

(Document Number)

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2024 AUG 23 PM 12:17  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution - Not For Profit Corp.

**DOCUMENT NUMBER:** N99000003486

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

Please return all correspondence concerning this matter to the following:

Olivia Gonzalez

(Name of Contact Person)

Municipio de Colon en el Exilio

(Firm/Company)

9066 SW 73rd Ct. #701

(Address)

MIAMI, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Olivia Gonzalez

(Name of Contact Person)

at (305)

(Area Code)

439-5864

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:

Municipio de Colon en el Exilio

SECOND: The document number of the corporation (if known): N99000003486

THIRD: The file date of the articles of incorporation: 02-14-2023 6/1/99

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.

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TALLAHASSEE, FLORIDA

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Signature: \_\_\_\_\_

*Olivia Gonzalez*

(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)

Olivia Gonzalez

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

Filing Fee: \$35