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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone

: (850)878-5368

Fax Number

## DISSOLUTION OR WITHDRAWAL NHPAHP AFFORDABLE HOUSING CORPORATION SFD 2

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

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CT CORPORATION

2609889998

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| SUBJECT: NHPAHP Affordable Housing C  | Corporation SFD 2  |  |  |
|---|--|--|--|
| DOCUMENT NUMBER: P9500009234  | 8  |  |  |
| The enclosed Articles of Dissolution and  | d fee are submitted for filing.  |  |  |
| Please return all correspondence concern  | ing this matter to the following:  |  |  |
| Kristen Wagner  |  |  |  |
| (Name o   | of Contact Person)   |  |  |
| Ocwen Loan Servicing, LLC   |  |  |  |
| (Firm/Company)  |  |  |  |
| 1661 Worthington Road, Suite 100  |  |  |  |
|   | Address)   |  |  |
| West Palm Beach, FL 33409   |  |  |  |
| (City/S   | tate and Zip Code)   |  |  |
| For further information concerning this m   | atter, please call:  |  |  |
| Kristen Wagner  | at ( <sup>561</sup> ) 682-7011   |  |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amo   | umt:   |  |  |
| ≥ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status                                   | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)  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   |  |  |

PL014 - 09/16/2005 C T Eyucon Oullist

01/18/2015 12:48 8656336092 CT CORPORATION PAGE 02/04

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Department of   | of State:          |            |  |  |
|----------|---|--------------------|------------|--|--|
|          | NHPAHP Affordable Housing Corporation SFD 2   |                    |            |  |  |
| SECOND:  | The document number of the corporation (if known): F95000092348   | ,                  |            |  |  |
| THIRD:   | The date dissolution was authorized: Junuary 17, 2012   |                    |            |  |  |
|          | Effective date of dissolution if applicable:  (no more than 90 days after dissolution   | file date)         |            |  |  |
| FOURTH:  | Adoption of Dissolution (CHECK ONE)   |                    |            |  |  |
|          | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.   | for dissolution    |            |  |  |
|          | Dissolution was approved by of the shareholders through voting groups.  |                    | •          |  |  |
|          | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:  |                    |            |  |  |
|          | The number of votes cast for dissolution was sufficient for approval by   |                    |            |  |  |
|          |   | 12<br>SEU<br>TALLI | _          |  |  |
| · .      | (voting group)  | HETARY OF S        |            |  |  |
| S        | (By a director, physident or other officer - if directors of officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | 9. 39<br>9. 39     | 9: 1 -<br> |  |  |
| <u>*</u> | risten N. Wagner  |                    |            |  |  |
|          | (Typed or printed name of person signing)   |                    |            |  |  |
| _        | assistant Secretary   |                    |            |  |  |
|          | (Title of reson signing)  |                    |            |  |  |

Filing Fee: \$35

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## **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. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: NHPAHP Affordable Housing Corporation SFD 2 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: Name of Chimant Subject: Claim against /Amount of alleged claim Detailed description of the nature of the claim; including date(s) and party(ies) Copy of instrument/contract, if any Contact information (mailing address, phone number, fax number and/or e-mail address) Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Ocwen Loan Servicing, LLC Attention: Legal Department 1661 Worthington Road, Suite 100 West Palm Beach, PL 33409 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.

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

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Kristen Wagner, Assistant Secretary

Printed Name of the Person Filing

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