

W1100001790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

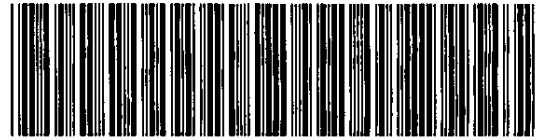
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900291543839

10/24/16--01026--012 \*\*43.75

FILED  
16 OCT 24 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VD  
OCT 26 2016

R. W...

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution The House Portable Medical Care, Inc

**DOCUMENT NUMBER:** N11 000004790

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

Please return all correspondence concerning this matter to the following:

Maribel Aviles  
(Name of Contact Person)  
The House Portable Medical Care, Inc  
(Firm/Company)  
13650 Crystal River Drive  
(Address)  
Orlando, FL 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maribel Aviles at (407) 394-1336  
(Name of Contact Person) (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

**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 House Portable Medical Care, Inc.

SECOND: The document number of the corporation (if known): N 11 0000004790

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

Sept 23<sup>rd</sup>, 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)

RECEIVED  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 2:29

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)

Maribel Aviles

(Typed or printed name of person signing)

Chairman

(Title of person signing)