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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CORPORATE DIS:	solution
DOCUMENT NUMBER: POYOOOO	6236
The enclosed Articles of Dissolution and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Jorge Ace (Name of Person)	vedo
^	
HCMOR Inc (Name of Firm/Compar	nv)
5791 Shady Oaks (Address)	
Maples FL 34 (City/State/and Zip Co	1251-121
(City/State/and Zip Co	ode)
For further information concerning this matter, please ca	all:
Jorge Acevedo at (2 (Name of Person) (A	230) 514-8283 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$60.0000 \$\sum \$	l copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 State:	
	HCMOR Inc	
SECOND:	The document number of the corporation (if known): Poy 000 106 236	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: One 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 for dissolution was sufficient for approval.	
	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	
	brae Heevedo	
	Signed this	
	Signature: (By a director president or other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	JOEPE MURREDD	
	(Typed or printed name of person signing)	
	TREGIORAT	
	(Title of person signing)	

Filing Fee: \$35