

P04000167714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

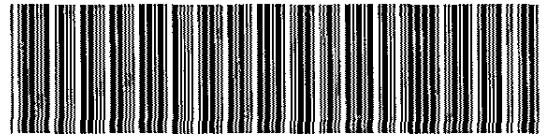
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 AUG - 8 PM 4: 35
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TALLAHASSEE, FLORIDA

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CORPORATIONS
TALLAHASSEE, FLORIDA

Miss w/Not.

G. Coulllette AUG 0 8 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 528436 82474A
AUTHORIZATION : *Patricia Pizot*
COST LIMIT : \$ 43.75

ORDER DATE : August 8, 2005
ORDER TIME : 11:10 AM
ORDER NO. : 528436-005
CUSTOMER NO: 82474A

CUSTOMER: Mr. Paul Feldman
David Feldman, P.a.
Suite 701
407 Lincoln Road
Miami Beach, FL 33139

DOMESTIC FILINGS

NAME: INVICTA CARE FOUNDATION, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER'S INITIALS: _____

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:
INVICTA CARE FOUNDATION, INC.

SECOND: The document number of the corporation (if known): P04000167714

THIRD: The date dissolution was authorized: August 3, 2005

Effective date of dissolution if applicable: August 3, 2005
(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 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

unanimous vote.
(voting group)

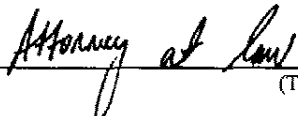
Signed this 3rd day of August, 2005

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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)

Paul Feldman
(Typed or printed name of person signing)


(Title of person signing)

Filing Fee: \$35

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: INVICTA CARE FOUNDATION, INC.

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:

N/A

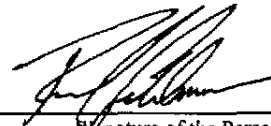
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3069 TAFT STREET
HOLLYWOOD FL 33021

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.

Paul Feldman

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