Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

> DISSOLUTION OR WITHDRAWAL ST JUDE HOME HEALTH SERVICES INC

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Estimated Charge	\$35.00

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Corporate Filing Menu

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FEB 14 2019 S. YOUNG

ARTICLES OF DISSOLUTION

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

FIRST:	FIRST: The name of the corporation as currently filed with the Florida Department of		
	St JUDE Home Health SERV	ICES	
SECOND:	The document number of the corporation (if known): P0500044	02/120	
THIRD:	The date dissolution was authorized: $2 - 12 - 19$	<u> </u>	
	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 for was sufficient for approval.	dissolutior	
	☐ Dissolution was approved by the shareholders through voting groups.	19	
	The following statement must be separately provided for each voting group entifiction to vote separately on the plan to dissolve:	FEB 13	
	The number of votes cast for dissolution was sufficient for approval by		
	· · · · · · · · · · · · · · · · · · ·	8: 59	
	(voting group)	٠- س	
	Signature: Vilna Cuenco		
	(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)		
	VILMA Cuenca		
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35