P09000058664

(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORID:

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MAR 2 4 2010

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Dissolution of profit corporation:	Norma Home Care, INC.		
DOCUMENT NUMBER: P09000058664			
The enclosed Articles of Dissolution and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Esther Farmer			
(Name of Contact Perso	on)		
Norma Home Care, INC.			
(Firm/Company)			
2386 SW 20 Street			
(Address)			
Miami, Florida 33145			
(City/State and Zip Co	de)		
For further information concerning this matter, please cal	n:		
Esther Farmer at (30	05) 300-6101		
	rea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filin	copy is Certified Copy		
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departme	nt of State:
	Norma Home Care, INC.	
SECOND:	The document number of the corporation (if known): P090005866	4
THIRD:	The file date of the articles of incorporation: 07/09/2009	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	✓ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued.	stributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	2010 TALI
	A majority of the incorporators authorized the dissolution.	MAR 2
	A majority of the directors authorized the dissolution.	2010 MAR 22 PH 12: 33 SECRE JARY OF STATE TALLAHASSEE, FLORIG
Sign	ature: Loth Fair	ज़ुत्त ज
	(By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	a incorporator - if
	Esther Farmer	
	(Typed or printed name of person signing)	
	Director	
	(Title of Person Signing)	

Filing Fee: \$35