

**L07000087502**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

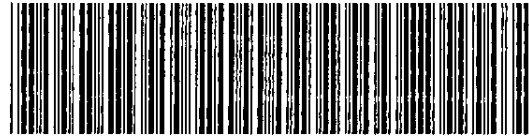
Special Instructions to Filing Officer:

**L. SELLERS**

MAR 21 2011

**EXAMINER**

Office Use Only



**200197652112**

200197652112  
03/17/11--01017--008 \*\*25.00

**FILED**

11 MAR 17 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Orion Health International, LLC  
L07000087502  
FEI/EIN 260787286

Gentlemen:

Persuant to Section 608.411 (1) (c) the above referenced Florida company is dissolved.

The firm was dissolved on or about December 30, 2010 as a result of the fact that the member determined the firm was no longer viable. Attempts to contact the registered agent and other member Lilian L. Hardy, 2123 NE 123<sup>rd</sup> Street, Suite 212, N. Miami, FL 33181 were unsuccessful.

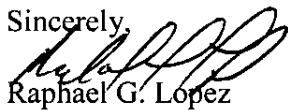
The firm has no debts or assets.

There are no actions pending against the firm in any court.

Please direct any further communication to:

Lilian L. Hardy  
2123 NE 123<sup>rd</sup> Street,  
Suite 212  
N. Miami, FL 33181

Sincerely,



Raphael G. Lopez  
Member  
Orion Health International, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORION Health International, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raphael G. Lopez  
(Name of Person)

ORION Health International LLC  
(Firm/Company)

2114 N. FLAMINGO RD., Suite 101  
(Address)

Pembroke Pines, FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raphael G. Lopez at (954) 554 1225  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ORION Health International, LLC

2. The Articles of Organization were filed on 08/27/2007 and assigned document number

L07000087502

3. The date the dissolution was approved: Dec 30, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

608.441(1)(c)

**5. CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☐ -OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

☒ There are no suits pending against the company in any court.

☐ -OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Raphael C. Lopez

Raphael C. Lopez

**FILED**  
11 MAR 17 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE: \$25.00**