

5/21/2019

Division of Corporations

Florida Department of State
Division of Corporations
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(((H19000165314 3)))



H190001653143ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

LLC DISSOLUTION OR WITHDRAWAL
CLINICA LAS MADRINAS LLC

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atzanetatos@gunster.com

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TALLAHASSEE

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FAX AUDIT NUMBER
H19000165314 3

Articles of Dissolution and Notice of Dissolution

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

CLINICA LAS MADRINAS LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

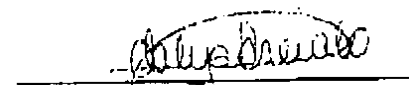
1. The name of the limited liability company is CLINICA LAS MADRINAS LLC (the "Company").
2. The Articles of Organization were filed with the Florida Department of State on August 8, 2017, and assigned Document Number L17000168506.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by written consent of the holders of all of the issued and outstanding membership interests in the Company (the "Members"), dated as of April 26, 2019.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the Members.
6. There are no suits pending against the Company in any court.


IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of the 26th day of April, 2019.

MANAGERS:

Grisselle Abelañas

Ramiro Brana


Odalys Arevalo


Amner Cabrera

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX AUDIT NUMBER
H19000165314 3**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: CLINICA LAS MADRINAS LLC

Document Number of Limited Liability Company: L17000168506.

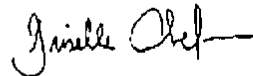
Date of Dissolution: The date the Articles of Dissolution are filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

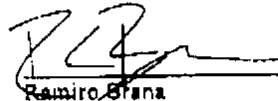
- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based. (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: CLINICA LAS MADRINAS LLC, 7757 W. Flager St., Suite 210, Miami, Florida 33144.

A claim against Clinica Las Madrinan LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANAGERS:

Griselle Abelinas



Ramiro Brana

Odalys Arovelo

Ainmer Cabrera

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

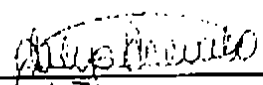
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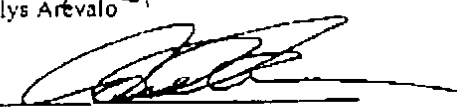
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