

N100000003865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
1-15-11

01/12/11--01009--020 **35.00

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2011 JAN 12 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002
1/13/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: N10000003865

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcial A. Gomez

(Name of Contact Person)

PLATINUM HOME HEALTH CARE SERVICES, INC.

(Firm/Company)

8004 NW 154 Street # 640

(Address)

Miami Lakes, FL. 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcial Gomez

(Name of Contact Person)

at (305) 525-5751

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

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

EFFECTIVE DATE
1-15-11

ARTICLES OF DISSOLUTION

FILED

2011 JAN 12 PM 4:27

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following
Articles of Dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PLATINUM HOME HEALTH CARE SERVICES, INC.

SECOND: The document number of the corporation (if known): N10000003865

THIRD: The file date of the articles of incorporation: 04/19/10
effective date 1-15-11

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Marcial A. Gomez / DARWIN CRUZ
(Typed or printed name of person signing)

Vice-President

(Title of person signing)

Filing Fee: \$35