

N100000010149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

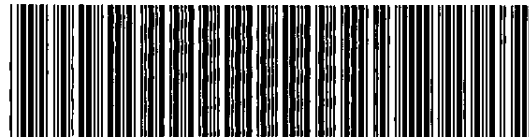
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 30 PM 1:49

And Diss
@ 3/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve a Florida not for profit Corporation

DOCUMENT NUMBER: N100000010149

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

Please return all correspondence concerning this matter to the following:

Arkim Sims
(Name of Contact Person)
Assured Quality Care, Inc
(Firm/Company)
3009 NW 7th St
(Address)
 Ft Lauderdale, FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

Arkim Sims at 954, 448-5295
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

03/27/2011

To whom it may concern:

I'm sending you this letter because I want to dissolve my Florida not for profit corporation. The name of this corporation is Assured Quality Care, Inc. With that being said, I hereby release the name. In addition, I will not be revoking my decision in the future. Please dissolve this corporation first because I intend on reforming it as a **Florida for profit Corporation** under the same name.

Enclosed is a copy of the articles of dissolution for a nonprofit organization and a form for forming a **Florida for profit Corporation**. In addition, two checks are enclosed one for \$35.00 for the dissolution of the nonprofit organization and one for \$78.75, which is the filling fee & certificate of Status to form the for profit corporation under the same name **ASSURED QUALITY CARE, INC.**

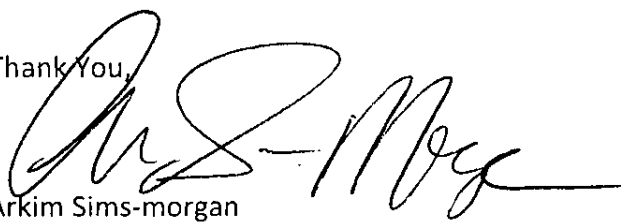
HIGHLIGHTS

- 1. I HEREBY RELEASE NAME ASSURED QUALITY CARE, INC.**
- 2. DISSOLVE FLORIDA NON PROFIT ORGANIZATION (N10000010149)**
- 3. MAY 1, 2011 REFORM ASSURED QUALITY CARE, INC AS A FOR PROFIT CORPORATION**
- 4. TWO CHECKS ARE ENCLOSED \$35.00 TO DISSOLVE NON-PROFIT \$ 78.75 TO REFORM COMPANY AS A FLORIDA FOR PROFIT CORPORATION AND TO OBTAIN A CERTIFICATE OF STATUS**

For futher information, feel free to contact me at 954-448-529 or at the following mailing address

Arkim Sims-Morgan
3009 NW 7TH ST
FT LAUDERDALE, FL 33311

Thank You,


Arkim Sims-morgan

President/Director

ARTICLES OF DISSOLUTION

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

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

Assured Quality Care, Inc

SECOND: The document number of the corporation (if known): N10000001049

THIRD: The file date of the articles of incorporation: 10/27/10

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)

Arkim Sims

(Typed or printed name of person signing)

President

(Title of person signing)

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Filing Fee: \$35