

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : COBB & COLE  
Account Number : I20030000050  
Phone : (386) 323-9251  
Fax Number : (386) 258-5068

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2012 DEC -6 AM 10:07  
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TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
COA HOME CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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TALLAHASSEE, FLORIDA

*Immediately following your receipt of this document you will receive articles of organization for an LLC using the same name. Please file*

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*dissolution 15<sup>th</sup> + then file articles of organization*

*Thank you  
Brenda Knott  
386-323-9251  
AJR  
12/6/12*

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TALLAHASSEE, FLORIDA

## 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:  
COA Home Care, Inc.

SECOND: The document number of the corporation (if known): N12000006523

THIRD: The file date of the articles of incorporation: 07/03/2012

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: E. Douglas Beach

(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)

E. Douglas Beach

(Typed or printed name of person signing)

CEO

(Title of person signing)

Filing Fee: \$35

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NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in §617.1407, F.S.

Name of Corporation: COA Home Care, Inc.

Effective date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Information to be included in the claim:

Name of Claimant

Amount of Claim

Basis for Claim

Any claims shall be mailed to:

E. Douglas Beach

P.O. Box 671

Daytona Beach, FL 32115-0671

A claim against the corporation under §617.1407 will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Dated this 16 day of November, 2012.

E. Douglas Beach

By: E. Douglas Beach

Its: CEO

N120002855523