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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

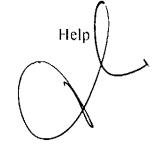
DISSOLUTION OR WITHDRAWAL

EHDOC HIBISCUS GROVE CHARITABLE CORPORATION

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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EHDOC Hibiseus Grove Charitable Corporation
SECOND:	The document number of the corporation (if known): N20000011539
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
	SECTION I If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted
	approval. The number of votes cast by the members was sufficient for approval.
with	The resolution was adopted by written consent of the members and executed in accompance
	section 617.0701, Florida Statutes.
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:
	The corporation has no members or members entitled to vote on the dissolution.
	The date of adoption of the resolution by the board of directors was
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)
FOURTH	Effective date of dissolution, if applicable:
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Signature: Delanite Lucio (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)
	Melanie Ribeiro
	(Typed or printed name of person signing)
	President (Title of person signing)

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 s. 617,1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: EHDOC Hibiscus Grove Charitable Corporation Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1200 South Pine Island Road, Suite 725, Plantation, FL 33324 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Melanie Ribeiro Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00