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Dissolution W/ Notice

TB 12 26-67

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: ABETTA-CARE, INC.			
DOCUMENT NUMBER: P00000059435			
The enclosed Articles of Dissolution and fee are submitted fo	r filing.		
Please return all correspondence concerning this matter to the following:			
MONTE KASTEN			
(Name of Contact Person)			
	· · · · · · · · · · · · · · · · · · ·		
	(Firm/Company)		
1830 S OCEAN DR, #3710			
(Address)			
HALLENDALE BEACH, FL 33009			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MONTE KASTEN at (954) 605-5285		
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$\sqrt{\$43.75}\$}\$ Filing Fee \$\sqrt{\$\sqrt{\$\sqrt{\$43.75}\$}\$}\$ Filing Fee \$\sqrt{\$\sqrt{\$\center}\$}\$ Certificate of Status \$\$\center{{\center{\$\center{\$\center{\$\center{\$\center{\$\center{{\center{\$\center{\$\center{\$\center{\$\center{\$\center{{\center{\$\center{\$\center{{\center{\$\center{\$\center{\$\center{{\center{\$\center{\$\center{{\center{\$\center{\$\center{\$\center{{\center{\center{{\center{{\center{{\center{{\center{{\center{{\center{\center{{\center{{\center{\center{{\center{\center{{\center{{\center{\center{{\center{\center{{\center{\center{\center{\center{{\center{\centexi\center{\center{\center{\center{\center{\center{\center{\center	cc & \$\sumsymbol{\sumsymbol{\subsymbol{\sun}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin		
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	ABETTA-CARE, INC.	
SECOND:	The document number of the corporation (if known): P0000059435	
THIRD:	The date dissolution was authorized: 12/14/07	
	Effective date of dissolution <u>if applicable</u> : date these Articles are filed (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	20	
	(voting group)	
	Vooling group) (voting group) (voting group)	
	TEST TO THE TEST T	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	MONTE KASTEN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35

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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ABETTA-CARE, INC.			
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .			
Description of information that must be included in a claim:			
1. Name, address, telephone number and fax number of Claimant;			
2. Amount of Claim; 3. Factual basis of Claim; 4. Legal basis of Claim			
5. Attach all documentation which you contend supports your claim			
6. Date Claim arose; 7. Calculation and itemization of claim amount			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)			
ABETTA-CARE, INC.			
1830 S OCEAN DR, #3710			
HALLENDALE BEACH, FL 33009			

MONTE KASTEN, Pres.

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

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

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced