

PO0000079878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

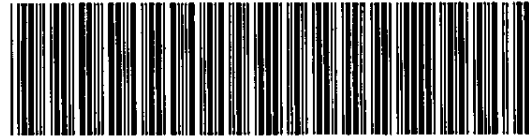
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/08/13--01007--007 **35.00

APPROVED
AND
FILED
13 OCT 21 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 28 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2013

ROBERT RUIZ / H & L MEDICAL CENTER INC
6471 MAIN ST SUITE 204
MIAMI LAKES, FL 33014

SUBJECT: H & L MEDICAL CENTER INC.
Ref. Number: P00000079878

We have received your document for H & L MEDICAL CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 613A00024184

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of H & L MEDICAL CENTER INC.

DOCUMENT NUMBER: P 00000079878

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

Please return all correspondence concerning this matter to the following:

Robert Ruiz

(Name of Contact Person)

H & L MEDICAL CENTER INC.

(Firm/Company)

6471 Main Street Apt. 1204 Miami Lakes, FL 33014

(Address)

Miami Lakes, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Ruiz

(Name of Contact Person)

at (786) 533-6984

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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

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:
H & L MEDICAL CENTER INC.

SECOND: The document number of the corporation (if known): P00000079898

THIRD: The date dissolution was authorized: 10-22-2013

Effective date of dissolution if applicable: _____
(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

(voting group)

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)

Robert Ruiz
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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