P01000054583

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, (Re	equestor's Name)	
(Ac	ddress)	
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(Ĉi	ty/State/Zip/Phone	e #) .
☐ PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section		
Division of Corporations	1 -	
· DISSE	TION THE THE	
SUBJECT: HEALS ON WIT	teds #1 true	
0 /		
DOCUMENT NUMBER: Po/oo	0054583	
The enclosed Articles of Dissolution and fed	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
4.00	1	
MARCE	FARID ontact Person)	
(Name of C	ontact Person)	
Mrale on 1/2-	-/c +1 T.	
MEALS ON WHEELS #1 INC. (Firm/Company)		
·	• •	
2983 NW 1	33 TERR	
(Add	dress)	
MIAMI GARDA	ENE , F/ 3305-6	
(City/State	and Zip Code)	
For further information concerning this matter	er njegse cali	
To further information concerning this mate	or, prease can.	
MARCEL FARED	at (3054) 775-3641	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Fordered in a short for the fall and a surroun		
Enclosed is a check for the following amoun	::	
☐\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee,		
Certificate of Status	Certified Copy Certificate of Status &	
	(Additional copy is Certified Copy	
	enclosed) (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
i airanassee, i L J2J l T	2001 LACCULIVE CONICI CHOIC	

Tallahassee, FL 32301



October 15, 2008

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MARCEL FARID MEALS ON WHEELS #1, INC. 2983 N.W. 193 TERR MIAMI GARDEN, FL 33056

SUBJECT: MEALS ON WHEELS #1, INC.

Ref. Number: P01000054583

We have received your document for MEALS ON WHEELS #1, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We have enclosed the Articles of Dissolution form, please complete and return to this office.

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) 245-6905.

Letter Number: 008A00053889

Thelma Lewis
Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MEALS ON WHEELS #I, INC.
SECOND:	The document number of the corporation (if known): Polovoo 54583
THIRD:	The file date of the articles of incorporation: JUNE 1, 2001
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	•
Sign	ature: Fash F-and (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.)
	(Typed or punted name of person signing)
	OUNER Director (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: MEALS ON WHECLS #1, 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:
Dissolution July 12, 2007
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) FAD 4 FARTD
EADY FARID 2983 NW 193 TERR
MIAMI GARDENS, F1 33056
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.
Fady Fand FADY FARID 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