POLODO 71326

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
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Gold Coast Elder Care & Solutions Inc. 2000 West Commercial Blvd Suite 202c Fort Lauderdale, Florida 33309

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

September 28, 2017

Subject: Articles of Dissolution
Document PO1000071326

Dear Sir/Madam

Pursuant to Florida Statute section 607.1403 I am enclosing Notice of Corporate Dissolution form.

As the CEO of the company holding 100% shares of the company, I am also enclosing my written consent of the dissolution of Gold Coast Elder Care & Solutions Inc.

Enclosed is a check in the amount of \$43.75 to cover the cost of Articles of Dissolution and a Certified Copy.

The voluntary dissolution date will be effective October 16, 2017 as noted. The written consent to dissolve the corporation was made by me on September 28, 2017 as noted in the enclosed affidavit.

Thank you,

Gilbert Hidalgo

CEO

TO: Amendment Section Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUI	MBER: <u>P0100007132</u>	6	
The enclosed Artic	les of Dissolution and fe	ee are submitted for fil	ing.
Please return all cor	respondence concerning	this matter to the following	owing:
	Gilbert Hidal	go	
	•	Contact Person)	
	C/O Home Aid Res	ources Inc	
 	(Firm	/Company)	· · · · · · · · · · · · · · · · · · ·
	1501 Hamburg	Tumpike Suite 410)
	 (Ad	ldress)	
	Wayne, NJ	07470	
	(City/Stat	e and Zip Code)	<u> </u>
For further information	ion concerning this mat	er, please call:	
Gilbert Hidalgo			
	······································	<u>.</u>	at (<u>201</u> 796
(Name of	Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
□ \$35 Filing Fee 〔	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status & Certified Copy dditional 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: Gold Coast Elder Care & Solutions Inc.					
SECOND:	P01000071326 The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized:	SEPTEMBER 28, 2017	FILED OCT -2 PH			
	Effective date of dissolution if applicable	October 16,, 2017	PH ED			
	Note: If the date inserted in this block date will not be listed as the document's effection		ory filing requirements, this			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. X					
	☐ 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					
	Gilbert Hidalgo owning 100 % shares of the company& sole owner					

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)				
Gilbert Hidalgo				
(Typed or printed name of person signing)				
President & CEO				
(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.				
Gold Coast Elder Care & Solutions Inc. Name of Corporation:				
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:				

Dates of Service, Type of Service, Amount Requested and Documentation

Mailing address where claims can be sent: (Claims cannot be s	ent to the Division of Corporations)
Home Aid Resources Inc.	•
c/o Gilbert Hidalgo	
1501 Hamburg Turnpike	
Wayne , NJ 07470	
A claim against the above named corporation will be barred up within 4 years after the filing of this notice.	less a proceeding to enforce the claim is commenced
Gilbert Hidalgo	
Printed Name of the Person Filing	Signature of the Person Filing
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

WRITTEN CONSENT TO THE DISSOLUTION OF GOLD COAST ELDER CARE & SOLUTIONS INC.

I Gilbert Hidalgo is the sole shareholder of the corporation holding 100% shares, give my written consent to the dissolution of Gold Coast Elder CARE & Solutions Inc., a corporation duly organized and existing pursuant to Florida State Law.

DIRECTORS RESOLUTION:

The written consent to action does not require a meeting of the board of directors. This written consent to dissolve the corporation is dated **September 28**, **2017.I** Gilbert Hidalgo, President & CEO holding 100% shares in the company herby certify that Gilbert Hidalgo is duly elected secretary of the corporation and authorized to to sign all documents and perform such acts as may be necessary or desireable to give effect to the above resolution.

I also certify that my signature below is my signature.

I also certify that I have executed this resolution for the purpose of stated above and on behalf of Gold Coast Elder Care & Solutions Inc.

IN WITNESS WHERE OF, I have executed this certificate of Corporate Dissolution to be effective October 16, 2017

Gilbert Hidalgo

Secretary/CEO