P01000095022

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| | dress) | |
| (//۵/ | uressj | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | <u></u> |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200036227822

may 3, may -01027--004 **35.00

Voldis Tileurs



C. Coulliste MAY 1 7 2004

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ARER. & HEALTH BENEFITS, INC. (Name of Corporation) DOCUMENT NUMBER: P010000 95022 |
| DOCUMENT NUMBER: 1010000 95022 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| (Name of Person) |
| (Name of Person) |
| LAW OFFICO OF XAVIN SURCE |
| (Name of Firm/Company) |
| 2600 Durchs R.J. Din 600 (Address) |
| |
| Consc 61365, Fl. 37134 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (301) 442 9974 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

· ARTICLES OF DISSOLUTION

| Pursuant to s of dissolution | |
|---------------------------------|---|
| FIRST: | The name of the corporation as currently filed with the Department of State: |
| TIMOT. | The name of the corporation as currently filed with the Department of State: America Geach Beseries, Lic. The document number of the corporation (if known): 101000051022 |
| SECOND: | |
| THIRD: | The date dissolution was authorized: |
| | 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 of 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 cost for dissolution was sufficient for approval by |
| | The number of votes cast for dissolution was sufficient for approval by |
| | BUARD OF PURECTORS (voting group) |
| | Signed this 10 day of 1717, 2004. |
| Signa | furd: Regardil. |
| | (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 printed name of person signing) |
| | (Typed or printed name of person signing) |
| | PRESIDENT, DIRECTOR |
| | (Title of person signing) |

Filing Fee: \$35