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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : ALRON ENTERPRISES, INC.
Account Number : 120000000113
Phone : (321)951-7626
Fax Number : (321)723-8218

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISSOLUTION OR WITHDRAWAL HME PROVIDERS, INC.

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**ARTICLES OF DISSOLUTION FOR
HME PROVIDERS, INC.**

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

ARTICLE I

The undersigned, for the purpose of dissolving the corporation:

HME Providers, Inc.

ARTICLE II

Does confirm that the corporation named in Article I was:


Incorporated in the State of Florida on October 10, 2001 under Document number P01000098793.

ARTICLE III

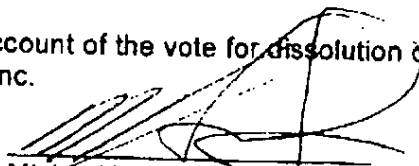
That the corporation named in Article I now hereby notifies the State of Florida as follows:

On November 8, 2019 the shareholders of the corporation, HME Providers, Inc. voted to dissolve the corporation, HME Providers, Inc. and the number of votes cast for dissolution was sufficient for approval, **effective December 31, 2019.**

Dated: November 9, 2019 **effective December 31, 2019**


Michael Vernie Sowards
President

I do hereby attest that this is true and exact account of the vote for dissolution of the shareholders of the corporation, HME Providers, Inc.


Michael Vernie Sowards
Secretary

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