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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Sunny Days Community Mental Health Ctr.
DOCUMENT NUMBER: <u>P020000 18162</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eloyris Romanach (Name of Contact Person)
SDCMHC, Inc. (Firm/Company)
PO Box 185Z (Address)
(Address)
Miami PL 33233
(City/State and Zip Code)
For further information concerning this matter, please call:
Eloyr's Romanach at (305) 904-6783 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
■\$35 Filing Fee \$\Bigsquare \\$43.75 Filing Fee & \$\Bigsquare \\$43.75 Filing Fee & \$\Bigsquare \\$52.50 Filing Fee, \$\Bigcom \\$ Certificate of Status & \$\Bigcom \\$ (Additional copy is enclosed) & \$\Bigcom \\$ (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: Sunny Days Community Mental Health Center, Inc. The document number of the corporation (if known): P020000 181002 SECOND: The file date of the articles of incorporation: 2/18/2003THIRD: 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. 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.) Eloyis Romanach
Typed Aprinted name of person signing)

Filing Fee: \$35