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Syldy

COVER LETTER

Division of Corporations
SUBJECT: Opportunity Adult Day Training, Inc
DOCUMENT NUMBER: P0200018789
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Malia D Gouzalez (Name of Contact Person)
(Name of Contact Person)
Obsortunity adult Day Training, Inc (Firm/Company) (Address)
(Address)
Hiami, FL 33122 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Maria & Genzala at (305) 595-1147 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (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

Tallahassee, FL 32314

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:				
	Opportunity Adult Day Traini	ng	14	- 10	
SECOND:	The document number of the corporation (if known): PD-000/	83.	89		
THIRD:	The date dissolution was authorized: 03/03/50//				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date	e)	_	
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dis	soluti	ion	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	1		
	The number of votes cast for dissolution was sufficient for approval by	et med			
			11 =		
	(voting group)		- EB		
		100 mm	 		
		The state	PH 2:	.* .	
			: 29		
	Signature:	A Pierra			
	(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)				
	Maria D Gonzales				
	(Typed or printed name of person signing)				
	Kesident				
	(Title of person signing)				

Filing Fee: \$35