

P02000130152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

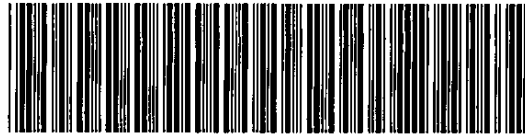
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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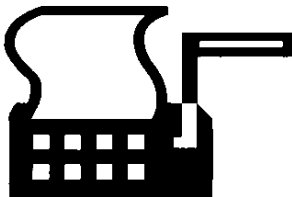
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T. Roberts JUL 10 2006

FILED  
06 JUN 30 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## German A. Uzcategui, MBS

Accounting & Tax Services

8838 Abbotsbury Drive

Windermere, FL 34786

Phone (407) 460-6191

Email: Gauzcate@netzero.net

June 20, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir:

I am writing this letter on behalf of Mrs. Arlette Melendez, President and owner for ORLANDO NURSING ACADEMY INC, a Florida Corporation.

My client has decided to dissolve the corporation she owns and that was incorporated on December 11, 2002 under document number P02000130152, it was assigned Employer Identification Number 30-0136552.

Attached find a check in the amount of \$35, filing fee for the articles of dissolution that I am sending attached to this letter as well.

If you have any question, please contact me at the phone number provided above.

Sincerely,

German A. Uzcategui

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P02000130152

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLETTE HELENDEZ

(Name of Contact Person)

ORLANDO NURSING ACADEMY INC

(Firm/Company)

13181 SUMMERTON DRIVE

(Address)

ORLANDO, FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

German Uzostegui

(Name of Contact Person)

at (

407) 460-6191

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional 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

FILED  
06 JUN 30 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

ORLANDO NURSING ACADEMY, INC.

SECOND: The document number of the corporation (if known): P02000130152

THIRD: The date dissolution was authorized: 03/31/06

Effective date of dissolution if applicable: 03/31/06

(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 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

\_\_\_\_\_  
(voting group)

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)

\* ARLETTE MELENDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35