P03000062728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

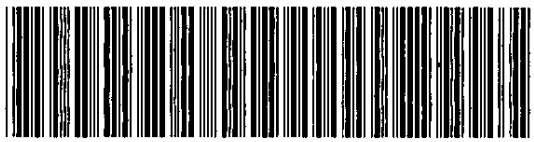
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
08 JUL 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Volun. Diss.
W/Notice
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Holistic Healthcare II, inc

DOCUMENT NUMBER: P03000042728

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

Please return all correspondence concerning this matter to the following:

William or Joe-Hannah Laurisma
(Name of Contact Person)

Sunshine Holistic Healthcare II, inc
(Firm/Company)

2592 Treanor Terrace
(Address)

Wellington FL, 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

William/Joe-Hannah Laurisma at (561) 333-4222
(Name of Contact Person) (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

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:
Sunshine Horizon Healthcare II, Inc.

SECOND: The document number of the corporation (if known): P03000027328

THIRD: The date dissolution was authorized: Tues. July 22, 2008

Effective date of dissolution if applicable: Tues. July 22, 2008
(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

William Lauisma
(voting group)

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TALLAHASSEE, FLORIDA

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)

William Lauisma
(Typed or printed name of person signing)

President.
(Title of person signing)

Filing Fee: $35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Sunshine Horizon Healthcare II, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

William/Joe Hannah Lauisma
2512 Treanor Terrace

Wellington FL 33414

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William Lauisma
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $35.00