

To: The Florida Dept. of State
Subject: 001442.97849

From: Ashley Smith

Monday, January 05, 2009 11:08 AM Page: 1 of 3

Division of Corporations

<http://efile.statebiz.org/scripts/efilcovr.exe>

P030000071256
FILE FIRST

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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2009 JAN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380
From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -5 PM 12:24

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001442.97849

DISSOLUTION OR WITHDRAWAL

NONA'S ADULT CARE FACILITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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JAN 05 2009

EXAMINER

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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:

Nona's Adult Care Facility, Inc.

SECOND: The document number of the corporation (if known): P03000071256

THIRD: The date dissolution was authorized: 12/26/08

Effective date of dissolution if applicable: 12/26/08
(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: [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)

MAYDA SILVA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: NONA'S ADULT CARE FACILITY, 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:

NAME OF CLAIMANT; DATE OF CLAIM; DESCRIPTION OF SERVICES
RENDERED

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

40 MAYDA SILVA
5555 SW 94 CT
MIAMI, FL 33165

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.

MAYDA SILVA
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

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