P04000004353

| (Requestor's Name) |
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| |
| (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: |
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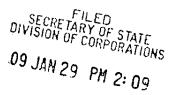


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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Dissolution of Madeat Health Care INC, |
| DOCUMENT NUMBER: POYOGO 4353 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Stefhen Kanen (Name of Contact Person) |
| (Name of Contact Person) |
| (Firm/Company) |
| 114 wayhe st. (Address) |
| · · · · · · · · · · · · · · · · · · · |
| Jericho, NV 11753 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Stephen Kanen at (516) 364-0100 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) 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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| poration as currently filed with the Florida Department of State: |
|--|
| Health Care, IhC. |
| er of the corporation (if known): PO 400604 4353 |
| rticles of incorporation: 01/05/2004 |
| T ONE BOX) |
| ne corporation's shares have been issued. |
| ration has not commenced business. |
| ration remains unpaid. |
| corporation remaining after winding up have been distributed shares were issued. |
| olution (CHECK ONE) |
| y of the incorporators authorized the dissolution. |
| y of the directors authorized the dissolution. |
| |
| nt or other officer - if directors or officers have not been selected, by an incorporator - if |
| iver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| (Typed or printed name of person signing) |
| Pros. Jonet |
| (Title of Person Signing) |
| |

Filing Fee:(\$35