

P04000048214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

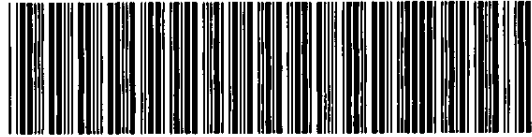
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 31 AM 8:59

RECEIVED
SECRETARY OF STATE
16 MAR 31 AM 11:34

APR 1 2016

C LEWIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 082963 7446445
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : March 30, 2016
ORDER TIME : 9:01 AM
ORDER NO. : 082963-005
CUSTOMER NO: 7446445

DOMESTIC FILINGS

NAME: PATHWAYS HEALTH AND COMMUNITY
SUPPORT OF FLORIDA, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

16 MAR 31 AM 8:59

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:
Pathways Health and Community Support of Florida, Inc.

SECOND: The document number of the corporation (if known): P04000048214

THIRD: The date dissolution was authorized: March 24, 2016

Effective date of dissolution if applicable: n/a
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: Jeff Barlow
(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)

Jeff D. Barlow

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee: \$35

16 MAR 31 AM 8:59

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: Pathways Health and Community Support of Florida, 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:

Claimant shall provide a reasonable description of the claim that the claimant may be entitled to assert. The reasonable description shall include, but not limited to, date of claim, documentation in support of claim (i.e. invoices, bills of sale, work orders, contracts, etc.), the claim amount admitted, and any and all additional documents or instruments in support of the claim.

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

Molina Healthcare, Inc.

Attn: Pathways Health and Community Support of Florida Claims

200 Oceangate, Suite 100

Long Beach, CA 90802

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.

Jeff D. Barlow, Secretary

Printed Name of the Person Filing

Jeff Barlow
Signature of the Person Filing

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