

P04000125981

(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



500048850545

*void*

FILED  
05 APR - 6 PM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

114/114/115--01033--020 \*\*35.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FACILITY HOME HEALTHCARE INC

**DOCUMENT NUMBER:** P 0 4 0 0 0 1 2 5 8 1

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

Please return all correspondence concerning this matter to the following:

NORALYS MENDO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

12603 NW 7 AVE  
(Address)

MIAMI FL 33182  
(City/State/and Zip Code)

For further information concerning this matter, please call:

NORALYS MENDO at ( 305 ) 297 0716  
(Name of 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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

FACILITY HOME HEALTH CARE INC.

SECOND: The document number of the corporation (if known): P 04000125981

THIRD: The file date of the articles of incorporation was: 09/01/2004

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 28 day of February, 2005

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.)

Norahys Mino

(Typed or printed name of person signing)

Vice President - Director

(Title of person signing)

Filing Fee: \$35

FILED  
05 APR - 4 AM 11:34  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA