P04000125981

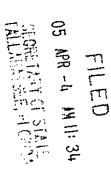
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: FACILITY HO	me Health Care Inc
DOCUMENT NUMBER: 002	100012581
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
MORALY, M	Person)
(Name of	Person)
(Name of	Firm/Company)
`	• 27
12603 NW 70	(Address)
12603 NW 70	33182
(City/s	State/and Zip Code)
For further information concerning this ma	tter, please call:
Monalys UINO (Name of Person)	at (305) 297 0716 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS: Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with Department of State:
FACILITY HOME HEALTH CARE INC.
The document number of the corporation (if known): POA000125981
The file date of the articles of incorporation was: 09 01 2004
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
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. Te: (By a director, president or eliger-efficer-if directors or officers have not been selected, by an incorporator if in the hands of a rectaver, frustee, or other court appointed fiduciary, by that fiduciary.) No Alys Mind (Typed or printed name of person signing)

Filing Fee: \$35