

P04000145187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

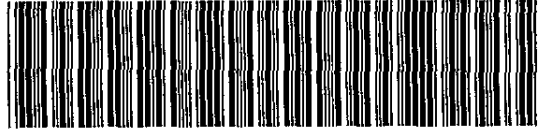
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/05--01019--021 **35.00

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05 JUL 18 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss w/notice

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MERCY HEALTHCARE SOLUTIONS INC.

DOCUMENT NUMBER: P04000145187

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

Please return all correspondence concerning this matter to the following:

Awad Ibrahim

(Name of Person)

(Name of Firm/Company)

947 9th St. SE Apt. #5

(Address)

Puyallup, WA 98372

(City/State/and Zip Code)

For further information concerning this matter, please call:

Awad Ibrahim

(Name of Person)

at (253) 445-8894

(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 the Florida Department of State:

MERCY HEALTHCARE SOLUTIONS INC.

SECOND: The document number of the corporation (if known): P04000145187

THIRD: The file date the articles of incorporation: 10/21/2004

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 07 day of 07, 2005.

Signature: Awad Ibrahim

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Awad Ibrahim

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35

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:

MERCY HEALTHCARE SOLUTIONS INC.

SECOND: The document number of the corporation (if known): P04000145187

THIRD: The date dissolution was authorized: Upon filing

Effective date of dissolution if applicable:

(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 of 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)

Signed this 07 day of 07, 2005

Signature:

Awad Ibrahim
(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 that fiduciary)

Awad Ibrahim

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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: MERCY HEALTHCARE SOLUTIONS 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:

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

Awad Ibrahim
947 9th St. SE Apt. #5
Puyallup, WA 98372

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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.

Awad Ibrahim

Printed Name of the Person Filing

Awad Ibrahim

Signature of the Person Filing

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