Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H100001889823)))



H100001889823ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Front

Account Name

: EMPIRE CORPORATE KIT COMPAN

Account Number:

072450003255 (305)634-3694

Phone fax Number

: (305)633-9696

DISSOLUTION OR WITHDRAWAL SIBLING CARE, INC.

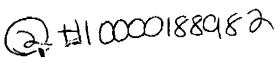
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

* Roberts AUG 24 2010



ARTICLES OF DISSOLUTION

Pursuant to section 607.14(3, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departme Sibling Care, Inc.	nt of Sta	ie:	
SECOND:	The docume it number of the corporation (if known): P0400014990 The date dissolution was authorized: August 23, 2010	9		-
	Effective date of dissolution if applicable: August 23, 2010 (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 of was sufficient for approval.	ast for d	issolu	tion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each writing group milled to vote separately on the plan to dissolve:			
	The number of votes east for dissolution was sufficient for approval by	HASSEE,	16 23 A	en en en en en en en en en en en en en en en en en e
	(voting group)	FLORIDA	AH IO: IL	Lane
;	Signature: (By distar, president or other officer - if directors or officers have not been selected, or theological or if in the hands of a receiver, trustee, or other court appointed fiduciary, (put fidiciary)	by by		
	Jumel Pluviose (Typed or printed name of person signing)	_		
	President (Title of person signing)	~		

Filing Fee: \$35

H10000 188982