

P04000167714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

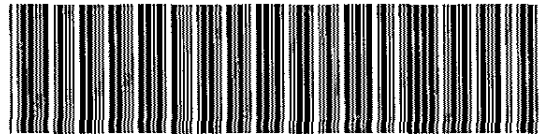
(Business Entity Name)

(Document Number)

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2005 AUG - 8 PM 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Dissemination*

G. Coullette

AUG 08 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 528436 82474A

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 43.75

ORDER DATE : August 8, 2005

ORDER TIME : 11:10 AM

ORDER NO. : 528436-005

CUSTOMER NO: 82474A

CUSTOMER: Mr. Paul Feldman  
David Feldman, P.a.  
Suite 701  
407 Lincoln Road  
Miami Beach, FL 33139

DOMESTIC FILINGS

NAME: INVICTA CARE FOUNDATION, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER'S INITIALS: \_\_\_\_\_

## 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:

INVICTA CARE FOUNDATION, INC.

SECOND: The document number of the corporation (if known): P04000167714

THIRD: The date dissolution was authorized: August 3, 2005

Effective date of dissolution if applicable: August 3, 2005

(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

unanimous vote.

(voting group)

Signed this 3rd day of August, 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)

Paul Feldman

(Typed or printed name of person signing)

Attorney at Law

(Title of person signing)

Filing Fee: \$35

FILED  
2005 AUG - 8 PM 4:35  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

## 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: INVICTA CARE FOUNDATION, 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:

N/A

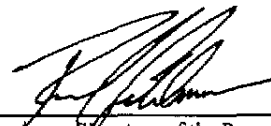
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3069 TAFT STREET  
HOLLYWOOD FL 33021

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.

Paul Feldman

Printed Name of the Person Filing



Signature of the Person Filing

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