PO400/7/778

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	• #)
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SECRETARY OF STATE

Secretary of the second second

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Closing Corporation	10 Jel 082 PD/
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
C/D Fernando la pez a (Name of Contact Pers	behalf of
The Harvest Fell Cafe (Firm/Company)	
313 Northwest 10602	- A/18
Coral Springs Florida (City/State and Zip C	3306S Tode)
For further information concerning this matter, please of	all:
	754) 47/-6964 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 F Certificate of Status Certified (Additions enclosed)	Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:
	The HARVESTFIELD CARE, Inc.
SECOND:	The document number of the corporation (if known): PO400171778
THIRD:	The date dissolution was authorized: 4609
	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 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
	AU Officers Director
	(voting group) ORA ORA ORA ORA ORA ORA ORA OR
	Signature: (B) 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)
	FERNANDO DE LOJEZ
	(Typed or printed name of person signing)
	gresi dent
	(Title of person signing)

Filing Fee: \$35