POS00092154

(Re	equestor's Name)	•
(Ac	ldress)	
· (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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05/17/06--01018--020 **35.00

SÉCRETARY OF STATE DIVISION OF CORPORATIONS

Ps \$ 2.400

COVER LETTER

TO: Amendment Section Division of Corporations	
Decoluling	71 P
SUBJECT: Vissolutim	of Business
DOCUMENT NUMBER: P05000	092154
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
IZQUIERDO EDUARD	00
EMIR NURSING IN (Firm/Company)	
1641 S.W. 6	5th AVENUE
1641 S. W. 65 * AVENUE (Address)	
MIAMI FL 3	3155
(City/State and Zip Co	ode)
For further information concerning this matter, please of	eall:
MICHAEL HARRIN GTON at (561) 432-0967
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
	itional copy is Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
DIVINUI OI VAIGUIAHOHS	ODVISION OF AMEDORALIONS

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



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:
	EMIR NURSING, INC.
SECOND:	The document number of the corporation (if known): P050000 921
THIRD:	The file date of the articles of incorporation: $6-28-05$
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.
Sign	ature: (By a director, president or other officer - if alpedrors 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.)
	EDURADO TZQUIERDO (Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)

Filing Fee: \$35

Signature

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

EDUARDO M. IZQUIERDO

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

Effective date of dissolution if applicable:

FILING FEE: \$35