**FILED**
**Nov 19, 2012**
**Secretary of State**

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ENJOYABLE HOME HEALTH CARE, INC.

SECOND: The document number of the corporation: P05000140129

THIRD: The file date of the articles of incorporation: October 13, 2005

FOURTH: None of the corporation's shares have been issued.

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: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: AURELIE DORICENT OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**
**Nov 19, 2012**
**Secretary of State**

# 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.

Name of Corporation:

ENJOYABLE HOME HEALTH CARE, 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:

AS OF TODAY DATE, ENJOYABLE HOME HEALTH CARE INC IS DISSOLVED DU TO THE FACT THERE IS NO BUSINESS HAPPENING UNDER THE CORPORATION.

Mailing address where claims can be sent:

12629 SW 21 ST
MIRAMAR, FL 33330

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: AURELIE DORICENT

Electronic Signature of the Person Filing