

PG5000168388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-14-09



500163389775

12/09/09--01025--014 \*\*35.00

*Diss/Notice*  
*SJ*

2009 DEC -9 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



**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:

GENTLE-CURE, INC

SECOND: The document number of the corporation (if known): P05000168388

THIRD: The file date of the articles of incorporation: 12/29/2005

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.

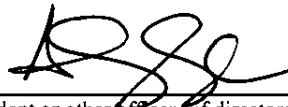
SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.)

ARASAY RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

**Filing Fee: \$35**

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**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: GENTLE-CURE, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

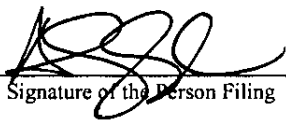
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

16131 NW 77 PL. MIAMI LAKES, FL 33016

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

ARASAY RODRIGUEZ  
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**