Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit

number (shown below) on the top and bottom of all pages of the document.



(((H11000253601 3)))

H110002536013ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL GOOD SHEPHERD HOME CARE SERVICES CORP.

HECHVED
11 OCT 21 AM 9: 56
ALLAHASSE, ELORIDA

Certificate of Status Certified Copy

Page Count

Estimated Charge

0

02

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H11000253601

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:
	Good Shepherd Home Care Services C
\$ECOND:	201,000,000,000
THIRD:	The date dissolution was authorized: $10/21/11$
	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 dissolut 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
	(voting group)
	Signature:
	(By a director, president or or of or officer - if directors or officers have not been selected, by an incorporator - if in the partition a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	HECTOR DE LA CRUZ
	(Typed or printed name of person signing)
	Occurs -
	T TESIDEAT .
	(Title of person signing)

Filing Fee: \$35