

PO6000059313

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIALEAH COMMUNITY MENTAL HEALTH CENTER, INC.

DOCUMENT NUMBER: P 0600059313

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis G. Musa

(Name of Contact Person)

Law Offices of Luis G. Musa

(Firm/Company)

4160 West 16th Avenue, Suite 402

(Address)

Hialeah, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis G. Musa

(Name of Contact Person)

at (305) 825-1985

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

STREET ADDRESS:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Hialeah Community Mental Health Center Inc

SECOND: The document number of the corporation (if known): P06000059313

THIRD: The date dissolution was authorized: August 16, 2010

Effective date of dissolution if applicable: August 16, 2010
(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

(voting group)

Signature: Lourdes Aulet

(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)

Lourdes Aulet

(Typed or printed name of person signing)

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: Hialeah Community Mental Health Center 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)

4160 West 16th Avenue, Suite 402

Hialeah, FL 33012

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.

Lourdes Aulet

Printed Name of the Person Filing



Signature of the Person Filing