

P060000075934

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DIVISION OF CORPORATIONS
09 JUN 22 PM 3:31

T. Roberts JUN 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMAIDA HOME CARE HEALTH SERVICE, INC.

DOCUMENT NUMBER: P 06 0000 75934

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

Please return all correspondence concerning this matter to the following:

YASSIEL CABELL
(Name of Contact Person)

(Firm/Company)

10321 SW 88 AVE
(Address)

MIAMI FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

YASSIEL CABELL at (305) 221-8176
(Name of Contact Person) (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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

OMADA HOME CARE HEALTH SERVICES, INC.

SECOND: The document number of the corporation (if known): P 06 0000 75934

THIRD: The date dissolution was authorized: 12/31/2008

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

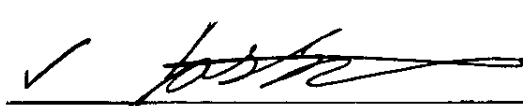
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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: 

(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)

YASSIEL CASAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35