

P06000133458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

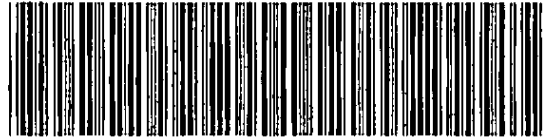
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/18--01024--038 **35.00

S TALLENT
APR 06 2018

FILED
12 APR -5 AM 10:09
TOLSON, D. A. J. SGT

V/Dw/
notice

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Metropolitan Health Community Services Corporation

DOCUMENT NUMBER: P06000133458

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

Please return all correspondence concerning this matter to the following:

Derek Larsen-Chaney, Esq. (813) 222-7677

(Name of Contact Person)

Phelps Dunbar I.L.P.

(Firm/Company)

100 South Ashley Drive, Suite 1900

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Derek Larsen-Chaney, Esq.

at (813) 222-7677

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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:
Metropolitan Health Community Services Corporation

SECOND: The document number of the corporation (if known): P06000133458

THIRD: The date dissolution was authorized: 3/23/2018

Effective date of dissolution if applicable: 4/1/2018
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

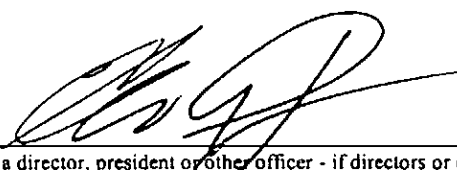
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

— ONE —
(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)

EDUARDO ALTAMIR GOMEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
18 APR -5 AM 10:09
OFFICE OF THE CLERK
STATE OF FLORIDA

Filing Fee: \$35

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: Metropolitan Health Community Services Corporation

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:

Any person desiring to make a claim against this dissolved corporation must submit the following information to the address below: (1) the claimant's full legal name, current mailing address and telephone number, (2) the date on which the alleged event or events giving rise to the claim occurred, (3) a full and detailed description of the alleged event or events giving rise to the claim, including the full name and present address of any witnesses to the potential event or events, and (4) a precise statement of the claim, including all alleged damages and injuries.

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

P.O. Box 3180

Carolina, Puerto Rico 00984

Attention: Nelson Gonzalez Figueroa

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.

Derek Larsen-Chaney, Esq.

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