

10700008692

Florida Department of State
Division of Corporations
Public Access System

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.

((H09000200345 3)))



H090002003453ABCX

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 : XIOMARA LEE, P.A.
Account Number : I200400000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

2009 SEP 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DISSOLUTION OR WITHDRAWAL

CURE CARE GROUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
2009 SEP 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Disg

Electronic Filing Menu

Corporate Filing Menu

Help

9-17-09

((H090002003453))

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:

CURE CARE GROUP INC.

SECOND: The document number of the corporation (if known): P07000008692

THIRD: The date dissolution was authorized: 08/28/2009

Effective date of dissolution if applicable: 08/28/2009

(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: X

(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)

YOSVANI FONSECA

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

Filing Fee: \$35

((H090002003453))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 16 AM 10:39

FILED