

P070000018203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

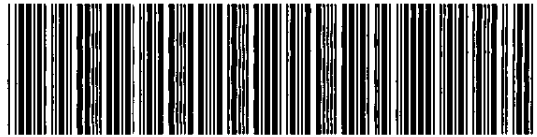
(Business Entity Name)

(Document Number)

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*dis's with
notice*

01/25/10--01037--003 **43.75

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2010 JAN 25 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ad
1/25/10*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

HIMA MARRERO
HYM REHABILITATION AGENCY, INC
21911 SW 124 COURT
MIAMI, FL 33170

SUBJECT: HYM REHABILITATION AGENCY, INC
Ref. Number: P07000018203

We have received your document for HYM REHABILITATION AGENCY, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 510A00000695

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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

Hym Rehabilitation Agency, Inc

SECOND: The document number of the corporation (if known): P0700001820

THIRD: The file date of the articles of incorporation: 02/08/2007

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Hima Larreno

(Typed or printed name of person signing)

President / Director

(Title of Person Signing)

Filing Fee: \$35

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2007 JAN 25 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Hym Rehabilitation Agency

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)

21911 SW 124 CT
Miami, FL 33170

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.

Hima Marlene

Printed Name of the Person Filing

Alonso

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00