

PO7000078596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

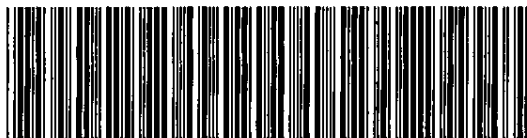
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100139453641

01/05/09--01100--009 **25.00

03/03/09--01003--019 **30.00

UD/In Act

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -2 AM 11:52

T. Roberts MAR 03. 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2009

NATALIYA SONIS
1174 ARTHUR STREET
HOLLYWOOD, FL 33019

SUBJECT: OLYMPUS ADULT DAY CARE, INC.
Ref. Number: P07000078596

We have received your document for OLYMPUS ADULT DAY CARE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00000905

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR -2 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FILLING ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P07000078596

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

Please return all correspondence concerning this matter to the following:

NATALIYA SONIS

(Name of Contact Person)

OLYMPUS ADULT CARE, INC.

(Firm/Company)

1174 ARTHUR STREET

(Address)

HOLLYWOOD, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIYA SONIS

(Name of Contact Person)

at (818) 730-0055

(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

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -2 AM 11:52

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:
OLYMPUS ADULT CARE, INC.

SECOND: The document number of the corporation (if known): P07000078596

THIRD: The file date of the articles of incorporation: 07/07/2007

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: M. Sonis

(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.)

NATALIYA SONIS

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35