P07000129825

(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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05/12/08--01028--003 **52.50

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2008 MAY 12 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Lewis
5-16-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harmony Nursing & Home Health Care, Inc.

DOCUMENT NUMBER: P07000129825

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

Please return all correspondence concerning this matter to the following:

Haidy Rangel
(Name of Contact Person)

Harmony Nursing & Home Health Care, Inc.
(Firm/Company)

15063 SW 96 TERR
(Address)

Miami, FL 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

Haidy Rangel at (786) 712-7540
(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

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:

Harmony Nursing + Home Health Care, Inc.

SECOND: The document number of the corporation (if known): P07000129825

THIRD: The file date of the articles of incorporation: 12/07/07

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TALLAHASSEE, FLORIDA

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: Haidy Rangel
(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.)

Haidy Rangel
(Typed or printed name of person signing)

Owner/President
(Title of Person Signing)

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: Harmony Nursing + Home Health Care, Inc.

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)

Haidy Rangel
15063 SW 96 TERR.
Miami, FL 33196

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.

Haidy Rangel
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