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.

(((H13000145093 3)))



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

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone

: (305) 552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL ARAGON NURSING SERVICES, INC.

, , , , , , , , , , , , , , , , , , , ,	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H13000145093

ARTICLES OF DISSOLUTION

Pursuant	to	section	607.1401.	Florida	Statutes,	this	Florida	profit	corporation	submits	the
following	art	icles of o	dissolution:		•					i	

FIRST: The	name of the corporation as Currently filed with the Florida Department of State:
•	ARAGON NURSING SERVICES, INC.
SECOND:	The Document number of the corporation (if known): P07000135425
THIRD:	The File Date of the articles of incorporation: 12/27/2007 (CHECK AT LEAST ONE BOX)
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
•	The corporation has not commenced business.
PIFTH:	No debt of the corporation remains unpaid.
:HTXI2	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.
EIGHTH:	The Effective date of Dissolution is: 07/01/2013.
	Signature:

Ivan J. Aragon President

H13000145093