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.

(((H160000359893)))



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

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

DISSOLUTION OR WITHDRAWAL MAJU'S HOME HEALTH CARE INC.

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

(inactive)

ctronic Filing Menu

Corporate Filing Menu

Help

FEB 1 2 2016

DCONNELL

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

LTW9 1:	The name of the corporation as currently filed with the Florida Departme	ant of State:		
	Maju's Home Health Care Inc	~:		
SECOND:	The document number of the corporation (if known): POS WOOD	4094.		
THIRD:	The file date of the articles of incorporation: 0111 2008.	·		
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 di to the shareholders, if shares were issued.	stributed		
seventh;	Adoption of Dissolution (CHECK ONE)	≫ 544	්	
	A majority of the incorporators authorized the dissolution.		FEB	
	A majority of the directors pathonized the dissolution.		=	7
•			AM 11: 03	沙里
Signa	iture:	- 110		
	(By a director, president or other officer of directors or officers have not been selected, by in the hands of a resolver, trusteen other equal appointed fiduciary, by that fiduciary.)	m incorporator -	if	
	Tamara Rodriausz.			
	(Typed or printed name of person signing)			
	Prosident			
	(Title of Person Signing)			