P08000024126

(Requestor's Name)
(Address)
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(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
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SECRETARY OF STAIL
SALLAHASSEE, FLORIE

C.COULLIETTE

MAY 0 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution of Corpora	ation			
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tanya Fernandez (Name of Contact Person				
/ (Name of Contact Persor	1)			
One Voice Therapy, Ir	ıc.			
(Firm/Company)				
11734 Summer Springs Dr. (Address)				
,				
Riverview, FL 33579 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call	!:			
Tanya Fernandez at (8 (Name of Contact Person) (Ar	13) 244-0346 ea Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee & Certified Co (Additional enclosed)	opy Certificate of Status &			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
•	Tallahassee, FL 32301			

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departme	ent of St	ate:	
	One Voice Therapy, Inc.	5110 01 00		
		_ 	17/	
SECOND:	The document number of the corporation (if known): POSOOO 24126			
THIRD:	The date dissolution was authorized: 1/01/2010			
	Effective date of dissolution <u>if applicable:</u> 3/01/2010 (no more than 90 days after disso	lution file	date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	dissol	ution
	Dissolution was approved by the shareholders through voting groups	.		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	oup entit	led	
	The number of votes cast for dissolution was sufficient for approval by	÷		
	1	NECR!	10 APR 2	چ <u>اري</u> .
	(voting group)	CRETARY	ž 2	I ?
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	o: Lander of a const	ORNO	- 12 -3	
	Signature: (By a director, president or other officer - st directors or officers have not been selected	, by		٠
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary	7 , by		
	that fiduciary)			
	Tanya Fernandez			
	(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: One Voice Therapy, 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:
Invoice number, date of Service, person providing
Invoice number, date of Service, person providing services, person's hame services was growided to.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
11734 Summer Springs On
11734 Summer Springs On Riverview, FL 33579
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Tanya Fernandez 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