P0800003a263

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COMPANY DSSOLUTION
DOCUMENT NUMBER: <u>P080003226</u> 3
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vivian Lara
(Name of Contact Person)
AT HOME THERAPY, INC. (Firm/Company)
2110 SW19 Terrace (Address)
(Madross)
Miami, FC: 33/45 (City/State and Zip Code)
For further information concerning this matter, please call:
VIVIAN LARA at (786) 232-5640 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times\$\$\$43.75 Filing Fee & \$\times\$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee FL 32314 Content of 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	e:
	AT HOME THERAPY, INC.	_	
SECOND:	COND: The document number of the corporation (if known): PO860032263		
THIRD: The file date of the articles of incorporation: March 28, 2008		AHAS METAL	APR 30
FOURTH: (CHECK AT LEAST ONE BOX)		1338 10 AX	
	None of the corporation's shares have been issued.	STAT	PM 1:54
	The corporation has not commenced business.	DA DA	#
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distrito the shareholders, if shares were issued.	buted	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporate	_ or - if
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing) President (Title of Person Signing)		

Filing Fee: \$35