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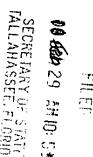
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: CANCELLING REGISTRATION OF TASTAN'S PARADISE HOME CARE FACILITIES CORF		
DOCUMENT NUMBER: P08000060851		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MEVLUT TASTAN		
(Name of Contact Person)		
TASTAN'S PARADISE HOME CARE FACILITIES CORP		
(Firm/Company)		
12003 MISTY BROOK CT.		
(Address)		
TAMPA / FLORIDA and 33635		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MEVLUT TASTAN at (203) 5126512		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$\sumset\$\sums		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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	:	
	TASTAN'S PARADISE HOME CARE FACILITIES CORP		
SECOND:	The document number of the corporation (if known): P08000060851		
THIRD:	The file date of the articles of incorporation: 06/24/2008		
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 distributed to the shareholders, if shares were issued.	TAL SE	££
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	CRETARY	È
	A majority of the incorporators authorized the dissolution.	ARY 6	1
	A majority of the directors authorized the dissolution.	Y OF STATE SEE, FLORIDA	ATT EL UU
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator	r-if	
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	MEVLUT TASTAN		
	(Typed or printed name of person signing)		
	OWNER / ADMISITRATOR		
	(Title of Person Signing)		

Filing Fee: \$35

FLED