

PO 8000086210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

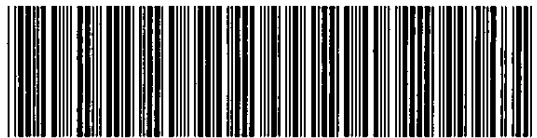
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 JUN 29 PM 1:52

Vol 015  
016  
7/17

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

RECEIVED  
2009 MAY 19 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** P080000086210

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Idalmys Puido  
(Name of Contact Person)

Health Max Insurance Inc  
(Firm/Company)

22640 SW 108 PL  
(Address)

Miami FL 33170  
(City/State and Zip Code)

For further information concerning this matter, please call:

Idalmys Puido at (305) 877 9395  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2009

IDALMYS PULIDO  
HEALTH MAX INSURANCE INC.  
22640 SW 108 PL  
MIAMI, FL 33170

SUBJECT: HEALTH MAX INSURANCE INC  
Ref. Number: P08000086210

We have received your document for HEALTH MAX INSURANCE INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 109A00017709

## 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:

Health Max Insurance Inc

SECOND: The document number of the corporation (if known):

PO800086210

THIRD: The file date of the articles of incorporation:

9/19/05

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.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Idalmys Pulido  
(Typed or printed name of person signing)

President (CEO)  
(Title of Person Signing)

Filing Fee: \$35

09 JUN 29 PM 1:52

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA