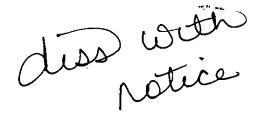
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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WĄIT	MAIL
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SECRETARY OF STATE

10P 3/18/109

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOME COUNSEling Inc.
DOCUMENT NUMBER: P08 0 000 86668
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERARDO ARGUELLO (Name of Contact Person)
(Name of Contact Person)
Home Counseling Inc. (Firm/Company)
(Firm/Company)
950 N KRONE AVE # 206
950 N KRONE AVE # 206 (Address) Homestead Fe 33030
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 514-0812 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee 43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amondment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION

2009 MAR 16 PM 4: 13

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation Alternation ASSEE. FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	HOME Counseling; Inc.
SECOND:	The document number of the corporation (if known): PD 8000086 66 8
THIRD:	The file date of the articles of incorporation: $\frac{9/2z}{200}$
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.
Signa	(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.) (Typed or printed name of person signing)
	(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. 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: NAME, DATE DESCRIPTION. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.