ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

DEBBIE-OLA HOMECARE AGENCY INC.

SECOND: The document number of the corporation: P08000109583

THIRD: The file date of the articles of incorporation: December 19, 2008

FOURTH: 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: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DUPSY OPIAH DUPSY OPIAH

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Feb 20, 2016 Secretary of State

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.

Name of Corporation:

DEBBIE-OLA HOMECARE AGENCY 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:

SINCE THE COMPANY WAS INCORPORATED NO BUSINESS WAS TRANSACTED, AND THE BUSINESS WAS SUSPENDED UNTIL NOW. I HAVE TRIED TO NO AVAIL TO CONDUCT BUSINESS, SINCE I RELOCATED IN 2006 FROM WEST PALM BEACH, BUSINESS WAS VERY SLOW TO NONE IN POLK CO

Mailing address where claims can be sent:

1233 APOPKA LANE 1233 APOPKA LANE KISSIMMEE, FL 34759 UN

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DUPSY OPIAH

Electronic Signature of the Person Filing