Florida Department of State Division of Corporations

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DISSOLUTION OR WITHDRAWAL MIRACLE FAMILY SERVICES INC.

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Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399 p.2

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: MIRACLE FAMILY SERVI	ICES INC.
DOCUMENT NUMBER: P080001111	572
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Ani Muradian	
(Nar	ne of Person)
Legalzoom.com, Inc.	
(Name of	Firm/Company)
100 W. Broadway Suite 100	
(4	Address)
Glendale, CA 91210	
(City/Sta	ate/and Zip Code)
For further information concerning this ma	atter, please call:
Dragana Ognenovska	at (323) 962-8600, x7950
(Name of Person)	(Area Code & Daytime Telephone Number)
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MAILING ADDRESS:	STREET ADDRESS: Amendment Section
Amendment Section	Amendment Section

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ARTICLES OF DISSOLUTION

2011 APR 12 AH 9: 54

SECRETARY OF STATE
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation paper the following articles of dissolution: of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: MIRACLE FAMILY SERVICES INC. The document number of the corporation (if known): P08000111572 SECOND: The date dissolution was authorized: 04/07/2011 THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval, ☐ Dissolution was approved by of the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) 2011 Signed this Signature: (By a director, pregident 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) MIRACLE, LARRY D (Typed or printed name of person signing) President (Title of person signing)

Filing Fee: \$35