

P09000000/336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED

10 APR 23 AM 10:08

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Roberts APR 26 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2010

REINALDO SOTO
ALLIANCE NURSING CORP.
157 CHEROKEE ST
MIAMI SPRINGS, FL 33166

SUBJECT: ALLIANCE NURSING CORP.
Ref. Number: P09000001336

We have received your document for ALLIANCE NURSING CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00008956

RECEIVED
10 APR 23 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation Dissolution

DOCUMENT NUMBER: P 09000001336

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

Please return all correspondence concerning this matter to the following:

Reinaldo Soto

(Name of Contact Person)

Alliance Nursing Corp.

(Firm/Company)

157 Cherokee Street

(Address)

Miami Springs, Fl. 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Reinaldo Soto

(Name of Contact Person)

at (786) 382-4080

(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

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:

Alliance Nursing Corp.

SECOND: The document number of the corporation (if known): P09000001336

THIRD: The file date of the articles of incorporation: 01-07-2009

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.)

Reinaldo Soto

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED
10 APR 23 AM 10:08
CLERK OF STATE
TALLAHASSEE, FLORIDA