Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CARLOS PEREZ SERVICE

Account Number : I20050000172

Phone

: (305)541-8722

Fax Number

: (305)541-6940

## DISSOLUTION OR WITHDRAWAL Y & J HEALTH SERVICE, CORP.

| Certificate of Status | .9/ /   |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: Y & J HEALTH SERV  | ICE, CORP.  |  |
| DOCUMENT NUMBER: P0900000   | 3695  |  |
| The enclosed Articles of Dissolution and  | fee are submitted fo  | r filing.  |
| Please return all correspondence concerning   | g this matter to the  | following:   |
| CARLOS  | PEREZ   |  |
| (Name of  | Contact Person)   |  |
| CARLOS PEREZ  | SERVICE, CO   | ORP.   |
| (Fir  | m/Company)  |  |
| 1359 SW 1 ST  |   |  |
| (A  | (ddress)  |  |
| MIAMI, FL 3313  | 35  |  |
|   | ate and Zip Code)   |  |
| For further information concerning this ma  | utter, please call:   |  |
| YASNAY ARIAS  | at (_305  | ) <u>401-6864</u>  |
| (Name of Contact Person)  | (Area Co  | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amou  | ınt:  |  |
| □\$35 Filing Fee  \$\sum \$\\$43.75 Filing Fee & Certificate of Status                          | S43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>enclosed) | Certificate of Status &  |
| 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

FILED

## ARTICLES OF DISSOLUTION

2018 AUG 26 PM 1:50

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits SECRII bring articles TE of dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:  |                           |  |                |
|---------|---|---------------------------|--|----------------|
|         | Y & J HEALTH SERVICE, CORP.   |                           |  |                |
| SECOND: | The document number of the corporation (if known): P090000395   |                           |  |                |
| THIRD:  | The date dissolution was authorized: 08/26/2010   |                           |  |                |
|         | Effective date of dissolution if applicable: 06/01/2010 (no more than 90 days after dissolution file date)  |                           |  |                |
| FOURTH: | Adoption of Dissolution (CHECK ONE)   |                           |  |                |
|         | <ul> <li>✓ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>☐ Dissolution was approved by the shareholders through voting groups.</li> <li>The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:</li> <li>The number of votes cast for dissolution was sufficient for approval by</li> </ul> |                           |  |                |
|         |   |                           |  |                |
|         |   |                           |  | (voting group) |
|         |   |                           |  | Signature:     |
|         | (By a director, president profiler 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)  |                           |  |                |
|         | YASNAY ARIAS  |                           |  |                |
|         | (Typed or printed name of person signing)   |                           |  |                |
|         | PRESIDENT   |                           |  |                |
|         |   | (Title of person signing) |  |                |

Filing Fee: \$35