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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

SUBJECT: Covenant Healthcare Staffing Inc.		
SUBJECT: Ooverlant Healthcare Ottaming Inc.		
DOCUMENT NUMBER: P09000015005		
The enclosed Articles of Dissolution and fee are su	ibmitted for filing.	
Please return all correspondence concerning this matter to the following:		
Jennifer McKinney		
(Name of Contact	Person)	
(Firm/Compa	any)	
5365 School Road		
(Address)		
Land O' Lakes, FL 34638		
(City/State and Z	ip Code)	
For further information concerning this matter, plea	se call:	
Jennifer McKinney at	( 813 ) 545-0000	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	fied Copy Certificate of Status & Certified Copy	
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:	FIRST: The name of the corporation as currently filed with the Florida Department of State:	
	Covenant Healthcare Staffing Inc	
SECOND:	The document number of the corporation (if known): P09000015005	
THIRD:	The file date of the articles of incorporation: 02/16/2009	
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.  The net assets of the corporation remaining after winding up have been distributed to the characteristic department of the corporation remaining after winding up have been distributed.	
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.)		
Jennifer McKinney		
	(Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35