OT/14/2010 14:12 Division of Corporations



Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000009480 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover shect.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PJ HOME CARE SERVICES, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$35.00	

**C.COULLIETTE** 

JAN 1 4 2010

Electronic Filing Menu

Corporate Filing Menu

**EXAMENER** 

## H10000009480

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 States			
	75 Home Oare Services, toc.			
SECOND:	The document number of the corporation (if known): 10000038	<u> 240</u>		
THIRD:	The date dissolution was authorized: 01-13-2010			
	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 the shareholders through voting groups.		٠.	
	The following statement must be separately provided for each voting group a to vote separately on the plan to dissolve:	miiled	5 5 5	
	The number of votes cast for dissolution was sufficient for approval by	JA	O NOI	
		£_	ARY F co	
	(voting group)	PM 2:42		
	Signature:		· .	
	(By a director, president artifler 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)			
	Milagras Rivera. (Typed or printed name of person signing)			
	Prosition (Title of person signing)			
	( I life of beison significal			

Filing Fee: \$35

H10000009480