

PO9000069662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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10 MAR -3 AM 8:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts MAR 04 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2010

JOHN ROMANO
HUMANA CARE SOLUTION, INC.
1881 79TH STREET CAUSEWAY #1104
NORTH BAY VILLAGE, FL 33141

SUBJECT: HUMANA CARE SOLUTION, INC.
Ref. Number: P09000069662

We have received your document for HUMANA CARE SOLUTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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: 410A00004274

RECEIVED
2010 MAR -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE 1st FILING
WAS an original signature
but because I used a
felt tip, it may have
looked like a copy
Thank
John Romano

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P09000069662

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

Please return all correspondence concerning this matter to the following:

John Romano

(Name of Contact Person)

Humana Care Solution, Inc.

(Firm/Company)

1881 79th Street Causeway #1104

(Address)

North Bay Village, Florida 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

John Romano

(Name of Contact Person)

at (305) 772-2768

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:

Humana Care Solution, Inc.

SECOND: The document number of the corporation (if known): P09000069662

THIRD: The file date of the articles of incorporation: 8/18/09

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

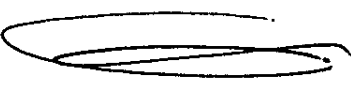
FIFTH: No debt of the corporation remains unpaid.

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.)

John Romano

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA