P090000 71873

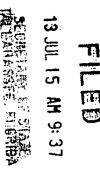
(Requestor's Name)				
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C. LEWIS

JUL 1 6 2013

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations** Got Health Coverage, Inc. SUBJECT: P09000071873 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marian Hyman (Name of Contact Person) (Firm/Company) 629 Kappock Street - #6R (Address) Riverdale, NY 10463 (City/State and Zip Code) For further information concerning this matter, please call: Marian Hyman Area Code & Daytime Telephone Number) (Name of Contact Person)

□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Certified Copy

enclosed)

(Additional copy is

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

Certificate of Status

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(Additional copy is

Certified Copy

enclosed)

ARTICLES OF DISSOLUTION

1

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 Stat	te:		
	Got Health Coverage, Inc.				
SECOND:	The document number of the corporation (if known): P09000718	// 3	 ,		
THIRD:	The date dissolution was authorized: July 1, 2013			_	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	ion file de	nte)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for d	issolu	ıtion	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by		ಪ 		
	(voling group)	通過	=	11	
		SIF	ယ		
		190 AND	Ě	8.0	
	`	13年	9: 37		
	Signature: Marian L. Hyman		3		
	(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)	,			
	Marian Hyman				
	(Typed or printed name of person signing)	-			
	President	<u>-</u>			
	(Title of person signing)				

Filing Fee: \$35