

P09 000077552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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900160797679

09/30/09--01036--003 **35.00

FILED
09 SEP 30 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL 32310-4

Voldis
w/
Notice Dc
10/6/09

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:

Humanity Care, INC

SECOND: The document number of the corporation (if known): P09000077552

THIRD: The file date of the articles of incorporation: 09-16-2009

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. *s/a*

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. *s/a*

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signature: *[Handwritten 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.)

GUY NARANTO
(Typed or printed name of person signing)

President
(Title of Person Signing)

09 SEP 30 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:

Humanity Care, inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

S/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13253 NW 11 TERRA MIAMI

FL 33182

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jose NARANJO

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00