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.

(((H11000230063 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

ထံ **SEP 20**

DISSOLUTION OR WITHDRAWAL SKYBLUE HEALTH CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



Electronic Filing Menu

Corporate Filing Menu

Help

H11000230063

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 Sta	to:	•	
TIME.	Sky Blue Health Care. Dix.			
SECOND:	The document number of the corporation (if known): P0900009	4439		
THIRD:	The date dissolution was authorized: 8/31/2011	• •	,	
	Effective date of dissolution if applicable: 8/31/2011-	(ata)	• .	
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.			
	. The following statement must be separately provided for each voting group entitl to vote separately on the plan to dissolve:	led ad		
•	The number of votes east for dissolution was sufficient for approval by	MII SE SECRE	-7	
•		P 20 TARY ASSE	-	
	(voting group)	PH D:		
	Signature: (By a director officer - if directors or officers have not been selected, by	ZE ZE		
	an incorporator if in the hands of a receiver, musica, or other court appointed fiduciary, by that fiduciary)		٠.	
	Olga Alvanaiso.			
	(Typed or priored mane of person signing)	, y 6 1		
	Programme	•		
. •	(Title of person signing)			

Filing Fee: \$35