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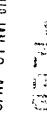


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THE GLAVE RING



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following works of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Best Advantage Care Inc The document number of the corporation (if known): Ptoooooo 125 SECOND: The date dissolution was authorized: 6PD-(0 THIRD: Effective date of dissolution <u>if applicable</u>: <u>Ol-15-(O)</u>
(no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: Dissolution was approved by the shareholders. The number of votes east 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 entitled to vote separately on the plan to dissolve: The number of votes east for dissolution was sufficient for approval by (voting group) 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) Avthor V: +0
(Typed or printed name of person signing)

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: Best Advantage Care Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Claimant amount description of claim dates
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Grando FC 32801
6 rlando, FC 32 801
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.
Arthur Vite Arthur Jib Printed Name of the Person Filing Signature of the Person Filing

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

Electronic Articles of Incorporation For

P10000000125 FILED December 31, 2009 Sec. Of State jshivers

BEST ADVANTAGE CARE, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: BEST ADVANTAGE CARE, INC

Article II

The principal place of business address: 6273 OLD WINTER GARDEN RD ORLANDO, FL. 32801

The mailing address of the corporation is: 6273 OLD WINTER GARDEN RD ORLANDO, FL. 32801

Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 100

Article V

The name and Florida street address of the registered agent is:

ARTHUR VITO 6273 OLD WINTER GARDEN RD ORLANDO, FL. 32835 I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ARTHUR VITO

Article VI

The name and address of the incorporator is:

ARTHUR VITO 6273 OLD WINTER GARDEN RD

ORLANDO, FL 32835

Incorporator Signature: ARTHUR VITO

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P ARTHUR VITO 6273 OLD WINTER GARDEN RD ORLANDO, FL. 32835

Article VIII

The effective date for this corporation shall be: 12/31/2009

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