

P100000006336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

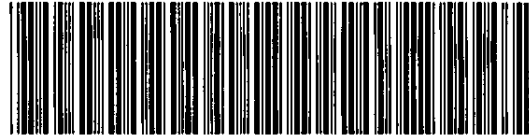
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900253541109

12/16/13--01050--004 **52.50

13 DEC 16 PM 1:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2013

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Closing of small business JZ Nursing Services

DOCUMENT NUMBER: P10000006336

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

Please return all correspondence concerning this matter to the following:

Jose A. Zapata

(Name of Contact Person)

JZ Nursing Services

(Firm/Company)

12950 SW 134th Terrace

(Address)

Miami Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Zapata

(Name of Contact Person)

at (786) 356-2070

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input 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 checked="" 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 607.1403, 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 State:
JZ Nursing Services

SECOND: The document number of the corporation (if known): P10000006336

THIRD: The date dissolution was authorized: 12/14/13
Effective date of dissolution if applicable: 12/31/13
(no more than 90 days after dissolution file date)

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 entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

JZ Nursing Services' president and vicepresident
(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)

Jose Zapata

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

13 DEC 16 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA