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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations			
DISSOLUTION			
SUBJECT: DISSOLUTION			
DOCUMENT NUMBER: p10000068851			
The enclosed Articles of Dissolution and fee are submitted for	or filing.		
Please return all correspondence concerning this matter to the	e following:		
SILES, ISABEL M			
(Name of Contact Person)			
JASMIN HOME CARE CORP			
(Firm/Company)			
14249 SW 296 ST			
(Address)			
HOMESTEAD/FLORIDA 33033			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
SILES, ISABEL M at (305) 491-3793		
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Sas Filing Fee Sas Filing Fee & Sas Filing Fee & Certificate of Status Certified Copy (Additional copenclosed)			
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departm	ent of St	tate:	
	JASMIN HOME CARE CORP			
SECOND:	The document number of the corporation (if known): P1000006885	i1		
THIRD:	The file date of the articles of incorporation: 05/09/2012			
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.			
SIXTH:	The net assets of the corporation remaining after winding up have been of to the shareholders, if shares were issued.	listribute	:d	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SEC! ALL/	2017	بيوسه
	A majority of the incorporators authorized the dissolution.	RETAF	HHY 2	-
Sign	ature: (By a director, president of other officer - if directors or officers have not been selected, by in the hands of a receiver trustee or other court appointed fiduciary, by that fiduciary.) SILES, ISABEL M	Y OF STATE SEE, FLORIDA an incorpor	2012 HAY 29 P 12: 36 orator - if	TICEU
	(Typed or printed name of person signing) PRESIDENT (Title of Person Signing)	-		

Filing Fee: \$35