

P10000072646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

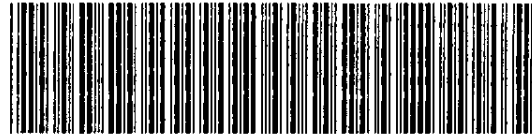
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/23/11--01012--019 **35.00

SPRINGFIELD
TALLAHASSEE, FLORIDA

2011 APR 21 AM 11:48

FILED

1057 4-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shepherd-Fold Health Care Services INC

DOCUMENT NUMBER: P100000072646

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

Please return all correspondence concerning this matter to the following:

Ndidi Joan Egemonu

Name of Contact Person

Shepherd-Fold Health Care Services LLC

Firm/Company

10867 Campus heights Lane

Address

Jacksonville, Fla. 32218

City/State and Zip Code

josed2@msm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josette Mitchell

Name of Contact Person

at (**904**) **768-8152**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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 607.1401, 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:
Shepherd-Fold Health Care Services, Inc.

SECOND: The document number of the corporation (if known): P100000072646

THIRD: The file date of the articles of incorporation: 4/18/11

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 distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Ndidi Joan Egemonu
(Typed or printed name of person signing)

Owner
(Title 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:

Shepherd-Fold Health Care SVC 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:

The business has ceased operating
under the "INC"

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

Ndidi JOAN Egemonu
10867 Campus Heights Lane
JAX. FL 32218

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.

Ndidi JOAN Egemonu
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