

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**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.

((H11000169009 3)))



H110001690093ABC.

**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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN OPTIMUM ONE HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 JUN 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
ALL AMENDMENTS  
11 JUN 27 AM 8:40

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

COVER LETTER

H11000169009

TO: Amendment Section  
Division of Corporations

SUBJECT: OPTIMUM ONE HEALTH INC

DOCUMENT NUMBER: P10000092143

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

Please return all correspondence concerning this matter to the following:

STUART M ROTMAN CPA

(Name of Contact Person)

STUART M ROTMAN CPA PA

(Firm/Company)

8551 W SUNRISE BLVD STE 100A

(Address)

PLANTATION, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

STUART M ROTMAN

(Name of Contact Person)

at ( 954 ) 475-8020

(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

H11000169009

H11000169009

# 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:

OPTIMUM ONE HEALTH, INC.

SECOND: The document number of the corporation (if known): P10000092143

THIRD: The date dissolution was authorized: 06/17/11

Effective date of dissolution if applicable: 06/17/11

(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

\_\_\_\_\_  
(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)

STUART REBEL  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

H11000169009

11 JUN 27 AM 10:40  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399