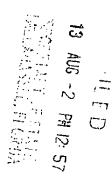
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Office Use Only



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Division of Corporations			
SUBJECT: BEACO NURSING SERVICES CORP			
DOCUMENT NUMBER: P11000005011			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
BEATRIZ ACOSTA			
(Name of Contact Person)			
BEACO NURSING SERVICES CORP			
(Firm/Company)			
1990 WEST 56TH ST # 1227			
(Address)			
HIALEAH, FL 33012			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
BEATRIZ ACOSTA at (786) 387-7031			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 State:	
	BEACO NURSING SERVICES CORP		
SECOND:	The document number of the corporation (if known): P11000056	J11	
THIRD:	The file date of the articles of incorporation: 01/14/2011	3	
FOURTH:	(CHECK AT LEAST ONE BOX)	1 1 1 1 1 1 1 1 1 1	
	None of the corporation's shares have been issued.	-2 p	
	☐ The corporation has not commenced business.	PH 12: 57	
FIFTH:	No debt of the corporation remains unpaid.	7	
SIXTH:	The net assets of the corporation remaining after winding up have been d to the shareholders, if shares were issued.	istributed	
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.) BEATRIZ ACOSTA			
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35