P//000024261

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200247016642

04/19/13--01018--001 **35.00



APR 2 4 2013 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

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$_{\mathrm{SUBJECT:}}$ DISSOLUTION OF CORPORATION

P11000024261 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

ASIEL CABRERA

(Name of Contact Person)

AIR CARE AFFORDABLE SOLUTIONS INC

(Firm/Company)

433 N.W. 45th STREET

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

ASIEL CABRERA

864-3725

(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)

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

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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 AIR CARE AFFORDABLE SOLUTIONS INC	f State:
SECOND:	The document number of the corporation (if known): P1100002426	1
	The date dissolution was authorized: 04/11/2013	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: O4/11/2013 (no more than 90 days after dissolution	file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	The letter of th
	Dissolution was approved by the shareholders. The number of votes cast, was sufficient for approval.	for dissolutio
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	
	100 %	
	(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)	
	ASIEL CABRERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(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.

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Name of Corporation: AIR CARE AFFORDABLE SOLUTIONS 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:
NONE
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
433 N.W. 45th STREET
Fort Lauderdale, Florida 33309
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.
1 Solar
Asiel Cabrera
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00