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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: HOME CHOICE PLANS, INC. DOCUMENT NUMBER: <u>P1</u>1000051800 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mrugesh Patel (Name of Contact Person) (Firm/Company) P.O. Box 417 (Address) Edgewater, FL 32132 (City/State and Zip Code) For further information concerning this matter, please call: Mrugesh (Name of Contact Person) 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 & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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 HOME CHOICE PLANS, INC.	State:
SECOND:	P1100051800	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution fi	le 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	
	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 liduciary) Mrugesh Patel (Typed or printed name of person signing)	NOV -4 PM 202
	President (Title of person signing)	

Filing Fee: \$35