

P11000062751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

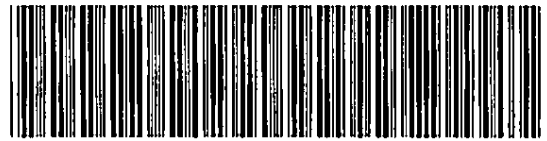
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -8 PM 1:44

Disc. w/ notice

AUG 11 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Your Health Plans Inc

DOCUMENT NUMBER: P 11000063251

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

Please return all correspondence concerning this matter to the following:

Bruce Goldberg
(Name of Contact Person)

Your Health Plans Inc
(Firm/Company)

20533 Biscayne Blvd # 437
(Address)

Adventure FL 33180
(City/State and Zip Code)

17 AUG -10 PM 1:46

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Bruce Goldberg at (305) 776 0153
(Name of Contact Person) (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:

Your Health Plans Inc

SECOND: The document number of the corporation (if known): P11000060751

THIRD: The file date of the articles of incorporation: 7-11-2011

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.)

Bruce Goldberg
(Typed or printed name of person signing)

President
(Title of Person Signing)

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DIVISION OF CORPORATIONS
17 AUG -8 PM 1:46

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: Your Health Plans 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*.

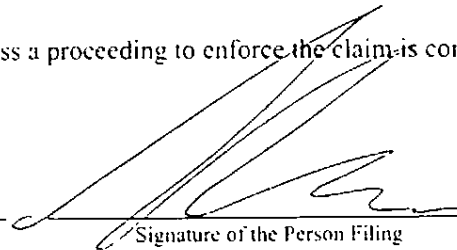
Description of information that must be included in a claim:

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

26533 Biscayne Blvd # 437
Aventura FL 33180

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.

Bruce Goldberg
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