P1000074939

(Requestor's Name)
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PICK-UP WAIT MAIL
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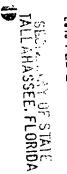
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Corporate Disso	lution	
DOCUMENT NUMBER: P11000	074939	
The enclosed Articles of Dissolution and f	ee are submitted for filing	
Please return all correspondence concerning	g this matter to the follow	ing:
Rosalia Rivera		
(Name of	Contact Person)	
HealthSmart Billing Sole	utions Inc.	
(Firr	n/Company)	
8002 SW 149th Ave #B	203	
(A	ddress)	· · · · · · ·
Miami, FL 33193		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
Rosalia Rivera	_{at (} 786) 33	39-0356
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$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	Amer Divis Clifte	ET ADDRESS: Independent Section It is in a section of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION E^{D}

Pursuant to articles of d	section 607.1401. Florida Statutes, this Florida profit corporation submits the following issolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	HealthSmart Billing Solutions Inc.		
SECOND:	The document number of the corporation (if known): P11000074939		
THIRD:	The file date of the articles of incorporation: 08/23/2011		
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: Rowanu			
	(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.)		
	Rosalia Rivera		
(Typed or printed name of person signing)			
	Director		
	(Title of Person Signing)		

Filing Fee: \$35