

P110000078999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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SEP 07 2012  
T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations  
**BIENESTAR Y SALUD INC**

**SUBJECT:** \_\_\_\_\_  
**P11000078999**

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**JULIO C. DE LOS RIOS**

\_\_\_\_\_  
(Name of Contact Person)  
**DLR ACCOUNTING CORP**

\_\_\_\_\_  
(Firm/Company)  
**5743 HOLLYWOOD BLVD**

\_\_\_\_\_  
(Address)  
**HOLLYWOOD, FL 33021**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**JULIO C. DE LOS RIOS** at **954** **816-4119**  
\_\_\_\_\_  
(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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: **BIENESTAR Y SALUD INC.**  
The name of the corporation as currently filed with the Florida Department of State:

P11000078999

SECOND: The document number of the corporation as currently filed

THIRD: The date dissolution was authorized: 08/01/2012

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: ☒ Adoption of Dissolution (CHECK ONE)

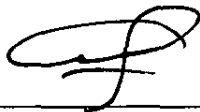
☐ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

\_\_\_\_\_  
(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)

**AURA ZATTIERO**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

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