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FLORIDA DEPARTMENT OF STATE
Division of Corporations
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**DISSOLUTION OR WITHDRAWAL
AGUEDA MOBILE THERAPY INC**

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July 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGUEDA MOBILE THERAPY INC
1000 SW 29 AVE APT 6
APT. 6
MIAMI, FL 33135

SUBJECT: AGUEDA MOBILE THERAPY INC
REF: P11000082905

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Annette Ramsey
Regulatory Specialist II

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July 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGUEDA MOBILE THERAPY INC
1000 SW 29 AVE APT 6
APT. 6
MIAMI, FL 33135

SUBJECT: AGUEDA MOBILE THERAPY INC
REF: P11000082905

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Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000192145
Letter Number: 012A00019914

P.O BOX 6327 - Tallahassee, Florida 32314

H 12000192145
ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

AGUEDA MOBILE THERAPY INC

SECOND: The document number of the corporation (if known): P11000082905

THIRD: The file date of the articles of incorporation: 09/20/11

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.)

AGUEDA L. CARRERA-ALVAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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