

From:

09/22/2016 13:47

#663 P.001/003

Division of Corporations

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P116000236075
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6360

From:

Account Name : NATIONAL CORPORATE RESEARCH, L
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 22 AM 8:30

FILED

**DISSOLUTION OR WITHDRAWAL
SOCIAL SERVICES CENTER OF FLORIDA CITY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

16 SEP 22 AM 2:25

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Corporate Filing Menu

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9/23/16

From:

09/22/2016 13:48

#663 P.002/003

H160002360753

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 State:

Social Services Center of Florida City, Inc.

SECOND: The document number of the corporation (if known): P11000085670

THIRD: The date dissolution was authorized: September 20, 2016

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution filed)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Luis H. Izquierdo

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

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2016 SEP 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

09/22/2016 13:48

#663 P.003/003

H160002360753

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: Social Services Center of Florida City, 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:

Provide a reasonable description of the claim to which the claimant might be entitled. Provide the amount of the claim and
any interest obligation if fixed by an instrument of indebtedness. The claim must be in writing and sent to the attention of
Jerry Knutson, CFO, at the address below.

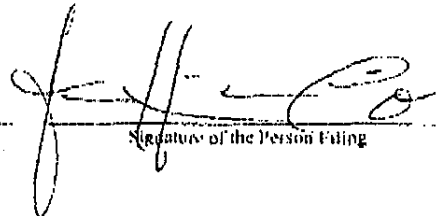
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6100 Blue Lagoon Drive, Suite 365, Miami, FL 33126

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.

Luis H. Izquierdo

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