## P12000058349

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## COVER LETTER

TO: Amendment Section Division of Corporations	•	y
SUBJECT: ARTICLES OF DISSOLUTION		
DOCUMENT NUMBER: P12000058349		
The enclosed Articles of Dissolution and	fee are submitted for filir	ng.
Please return all correspondence concerni	ng this matter to the follow	wing:
RENEE GORDEN		
(Name o	f Contact Person)	
RENEE GORDEN HEALTH CHOICE AMERIC	A, INC	
(Fi	rm/Company)	<u> </u>
11470 MONON FARMS LN		
(1	Address)	
CARMEL, IN 46032		
(City/St	ate and Zip Code)	
For further information concerning this m	atter, please call:	
RENEE GORDEN	at (at (	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		© \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address: endment Section ision of Corporations Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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:				
	RENEE GORDEN HEALTH CHOICE AMERICA, INC				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after disso Note: If the date inserted in this block does not meet the applicable statutory filing request be listed as the document's effective date on the Department of State's records.				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by the articles of incorporation.	12.74.51	ter and		
		PH 2: 05	<del>4</del>		
S	Signature: Sy a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	, by , by			
	RENEE GORDEN				
	(Typed or printed name of person signing)	· <u>-</u> .			
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35