

P13000049886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

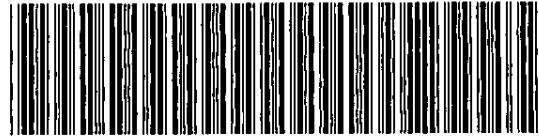
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100258982961

04/21/14--01010--018 \*\*35.00

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14 MAY 20 PM 4:53

V. A. S.  
05/22/14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2014

TIMOTHY WRIGHT  
AMERICARE HOME CARE, INC.  
1901 E. MEADOWMERE ST.  
SPRINGFIELD, MO 65804

SUBJECT: AMERICARE HOME CARE, INC.  
Ref. Number: P13000049886

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A withdrawal application to withdraw the authority of a foreign corporation has been submitted in error. Articles of Dissolution must be filed to voluntarily dissolve a Florida corporation.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 914A00009198

RECEIVED

14 MAY 20 AM 8:07

REG. DIVISION  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Americare Home Care, Inc.

**DOCUMENT NUMBER:** P13000049886

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

Please return all correspondence concerning this matter to the following:

Timothy Wright

(Name of Contact Person)

Americare Home Care, Inc.

(Firm/Company)

1901 E. Meadowmere St.

(Address)

Springfield, MO 65804

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Wright

(Name of Contact Person)

at ( 417 ) 889-4567

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$35 Filing Fee (already sent)	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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: The name of the corporation as currently filed with the Florida Department of State:

Americare Home Care, Inc.

SECOND: The document number of the corporation (if known): P13000049886

THIRD: The date dissolution was authorized: April 15, 2014

Effective date of dissolution if applicable: April 15, 2014

(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)

Timothy Wright

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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