

P130000208S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

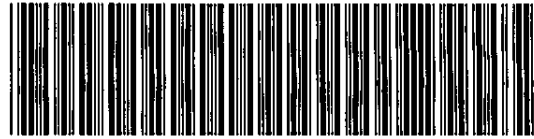
(Business Entity Name)

(Document Number)

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

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01/16/14--01003--026 \*\*35.00

FILED  
14 JAN 16 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V/DWIN

JAN 24 2014

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve the Corporation

**DOCUMENT NUMBER:** P13000072085

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

Please return all correspondence concerning this matter to the following:

Leyda D. Diaz Andrade

(Name of Contact Person)

MAJO HEALTH SERVICE CORP

(Firm/Company)

611 SW 11th St Apt 12E

(Address)

Miami, Florida 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Leyda D. Diaz Andrade at (305) 305-7195

(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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**MAJO HEALTH SERVICE CORP**

SECOND: The document number of the corporation (if known): **P13000072085**

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted  
**N/A** The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

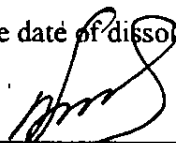
If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was **12/31/2013**

The number of directors in office was **01** and the vote for resolution was **01** for and **00** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **12/31/2013**  
(no more than 90 days after dissolution file date)

Signature:   
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**Leyda D. Diaz Andrade**

(Typed or printed name of person signing)

**President**

(Title of person signing)

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. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: **MAJO HEALTH SERVICE CORP.**

*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:*

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

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*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.*

**Leyda D. Diaz Andrade**

*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***