P14000036597

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
_				





600286283076

05/27/16--01018--009 **35.00

2016 HAY 27 PH 1:40

MAY 31 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>Orange Care 110, LAC.</u>
DOCUMENT NUMBER: 1/4000036597
The enclosed Articles of Revocation of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Heraclio F. Castro, Jr. Name of Contact Person
Orange Care MO, Inc.
6900 South Orange Blossom Trail, Suite 300
Orlando, FL 32809 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toseph Wirth Name of Contact Person At (407) 930 - 5050 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: <u>Orange Care MV, LnC.</u>			
SECOND:	The document number of the corporation (if known) is \$\int 1/40000365.97\$			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution			
	filed with the Florida Department of State is May 24, 2016. 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:	The Revocation of Dissolution was authorized on May 24, 2016.			
FIFTH:	Adoption of Revocation of Dissolution (check one)			
	 The board of directors revoked the dissolution. The incorporators revoked the dissolution. The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. The shareholders revoked the dissolution by voting groups - the number of votes cast by 			
	was sufficient for approval.			
SIXTH:	A copy of the Articles of Dissolution is attached.			
	(By a director, president or other officer - if directors or officers have no been selected, by an incorporator - if in the hands of a receiver, trustee, or other court alpointed fiduciary, by that fiduciary) 1. Heraclio F. Castro, Jr. (Typed or printed name of person signing) (Title of person signing)	Photogram	2016 HAY 27 FH 1:1	

FILING FEE \$35

FILED May 24, 2016 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

ORANGE CARE MD. INC.

SECOND:

The document number of the corporation: P14000036597

THIRD:

The file date of the articles of incorporation: April 23, 2014

FOURTH:

None of the corporation's shares have been issued.

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:

A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature:

HERAGLIO F. CASTRO JR.

_PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative