

Division of Corporations

Page 1 of 1

P14000060056

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : J.D. SUMTER & ASSOCIATES, INC.
Account Number : 110232002057
Phone : (352)307-4366
Fax Number : (352)347-4480

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
REHAB STAFFING SOLUTIONS INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
of
Rehab Staffing Solutions, Inc.

FL Document # P14000060056

15 JUN 18 PM 5:05
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Pursuant to section 607.1401, 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 is Rehab Staffing Solutions, Inc.

SECOND:

The document number of the corporation is P14000060056.

THIRD:

The original file date of the incorporation was 07/16/2014.

The effective date of incorporation was 07/15/2014.

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Articles of Dissolution
Rehab Staffing Solutions, Inc.
Page 2 of 3

FOURTH:

No debt of the corporation is unpaid.

FIFTH:

The net assets of the corporation remaining after winding up all affairs will be distributed to the shareholders.

SIXTH:

The dissolution was approved on 06/17/2015.

The effective date of the dissolution is 06/30/2015.

Dissolution was approved by all shareholders unanimously.

 Date 6-18-2015

Boyd T. Cantrell, III

CEO & President

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Articles of Dissolution
Rehab Staffing Solutions, Inc.
Page 3 of 3

STATE OF FLORIDA

COUNTY OF MARION

Before me, the undersigned authority, personally appeared
Boyd T. Cantrell, III.

Who is to me well known to be the person described in and who subscribed
the above Articles of Dissolution, and he did freely and voluntarily
acknowledge before me according to law that he made and subscribed the
same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at
Summerfield in said County and State. Signed this eighteenth day
of June, 2015.

Personally Known

Or

Produced Identification


Notary Public

STATE OF FLORIDA



J.E. DACEY
MY COMMISSION # FF 183714
EXPIRES: December 27, 2018
Bonded Third Budget Notary Services

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