# PIHOCCO SOIZS

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Corpo	poration Dissolution	
DOCUMENT NU	JMBER:	
The enclosed Artic	icles of Dissolution and fee are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
Ricardo Molina		
	(Name of Contact Person)	
Global Healthcare Ser	rvices Inc	
	(Firm/Company)	
PO Box 823256		
	(Address)	
Pembroke Pines FL 33	3082	
	(City/State and Zip Code)	
For further informa	ation concerning this matter, please call:	
Ricardo Molina	at (954 ) 604-0928	
(Name o	of Contact Person) (Area Code & Daytime Telephone Number	 :r)
Enclosed is a check	k for the following amount:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	

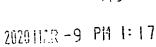
## **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION



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:  Global Healthcare Services Inc
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:  September 29th, 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, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.
Sign	ature:  (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.)  (Typed or printed name of person signing)  (Title of Person Signing)

Filing Fee: \$35