P14000084915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 21 2018
T. LEMIEUX

TL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 553925 4803460

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : December 20, 2018

ORDER TIME : 2:58 PM

ORDER NO. : 553925-020

CUSTOMER NO: 4803460

DOMESTIC FILINGS

NAME: COMPASSIONATE CARE HOSPICE OF THE GULF COAST, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

Pursuant to section(s) 1605 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

SECOND: The document number of the corporation (if known) P18000084015

THIRD: The date dissolution was authorized December 20, 2018

Effective date of dissolution (if applicable)

(no more than 90 days after dissolution was authorized)

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: 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 _____

(If 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)

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