

P140000 849/5

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

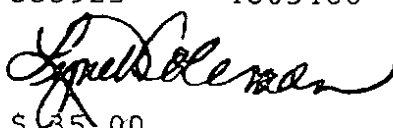
18 DEC 20 PM 4:21

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DEC 21 2018
T. LEMIEUX

Dis

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, 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

NOTICE: Pursuant to 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution.

ARTICLE 1 The name of the corporation as currently filed with the Florida Department of State is FLORIDA ASSOCIATE CARE, INC. (the "Corporation").

ARTICLE 2 The document number of the corporation (if known) is PI 1600054915.

ARTICLE 3 The date dissolution was authorized is December 20, 2018.

ARTICLE 4 Effective date of dissolution (if applicable):

(If more than 90 days after decision to dissolve, see Note.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be deemed to be the document's effective date on the Department of State's records.

ARTICLE 5 Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

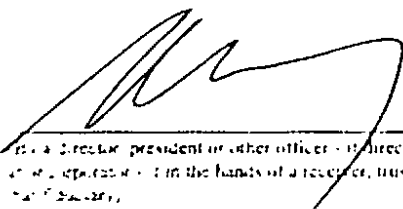
☐ Dissolution was approved by the shareholders through voting groups.

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 a representative in the hands of a receiver, trustee, or other court appointed fiduciary, by state statute.)

Typed Name

(Typed or printed name of person signing)

Typed Name of the Board

(Typed or printed name of person signing)

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FLORIDA ASSOCIATE CARE, INC.
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