Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000050449 3)))



H160000504493ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORP USA Account Name

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

DISSOLUTION OR WITHDRAWAL DREAM CARE HEALTH CENTERS, INC.

Certificate of Status	D
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2/26/2016





ARTICLES OF DISSOLUTION

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is:

DREAM CARE HEALTH CENTERS. INC.

SECOND:

The date dissolution was authorized:

February 26, 2016

THIRD:

Adoption of Dissolution (Check One)

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

() Dissolution was approved by vote of 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:

Signed this ____ day of February, 2016.

Signature:

Registered Agent

ECRETARY OF STATE