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.

(((H17000009000 3)))



H170000090003ABCR

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

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL SOUTH FLORIDA BILL CARE INC.

Certificate of Status	0	2	
Certified Copy	0 5	2017	<i>*</i>
Page Count	02 \$		77
Estimated Charge	\$35.00	ā [	
	<b>H</b>	<sup>जू</sup>	m
	ORID	" ≒	O

Electronic Filing Menu

Corporate Filing Menu

Help

'AN 11 2016 T. LEMHEUX



## H17000009000

## 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 as currently filed with the Florida Department	of State	<b>}</b> :
	SOUTH FLORIDA BILL CARE The document number of the corporation (if known): P150000		V.
SECOND:			080
THIRD:	The date dissolution was authorized:	~·	
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution)		= <u> </u>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dis	ssolutio
	Dissolution was approved by the shareholders through voting groups.		
٠	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	1
	The number of votes cast for dissolution was sufficient for approval by		
	· A.	•	
	(voting group)	. 110 <u>.</u>	
	ASSEE TARY OF	JAN 10 A	FILED
	(By a director, president or other officer - if directors or officers have not been sciented, by an incorporator - if in the hands of a receiver, mustee, or other court appointed fidurary, by that fiduciary)	=	O
	LEYA MARTO RELLA  (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		