## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL FAMILY CARE CENTER OF NORTH MIAM

Certificate of Status 0 Certified Copy 02 Page Count

Estimated Charge

\$35.00 >

Electronic Filing Menu

Corporate Filing Menu

Help

H17000092100

## 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:
	Fauily Case center of North Miani inc
SECOND:	The document number of the corporation (if known): P 15000058703
THIRD:	The date dissolution was authorized: 03/30/17
	Effective date of dissolution if applicable: 03/30//7  (no more than 90 days after dissolution (the date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes east 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:  (By a director, probability other officers it directors or officers have not been solved by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary)  (Typed or printed name of parson signing)

Filing Fee: \$35