

## **ARTICLES OF DISSOLUTION**

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

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
JEAN MICHAEL HEALTH CARE SERVICES, INC.
- SECOND:** The document number of the corporation: P16000012187
- THIRD:** The date dissolution was authorized: August 10, 2025  
Effective date of dissolution: August 14, 2025
- FOURTH:** Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: IVONNE LÃ³PEZ MARTIN PRESIDENTE  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Aug 14, 2025**  
**Secretary of State**

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

JEAN MICHAEL HEALTH CARE SERVICES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

LA ESTOY CERRADO POR EMFERMEDAD DE LOS NERVIOS POR ESTE MOTIVO MI DETERMINACIÃ³N GRACIAS

Mailing address where claims can be sent:

15291 NW 60 TH AVE  
101  
MIAMI, FL 33014 US

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: IVONNE LÃ³PEZ MARTIN

Electronic Signature of the Person Filing