

P17000 075 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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w/notice

AUG 10 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Health Organization Inc

DOCUMENT NUMBER: P17000075032

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey McKishen
(Name of Contact Person)

(Firm/Company)

7777 Davie Rd Extension Suite 100B
(Address)

Hollywood, Florida 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

at ()
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building

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:

Quality Health Organization Inc.

SECOND: The document number of the corporation (if known): P17000075032

THIRD: The date dissolution was authorized: July 26, 2019

Effective date of dissolution if applicable:
(no more than 90 days after dissolution file date)

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

FOURTH: 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:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Jeffrey McKishen

(Typed or printed name of person signing)

CEO

(Title of person signing)

2019 JUL 26 10:15
P17000075032

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Quality Health Organization 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:

-Full name and address

-Dollar amount of the alleged claim

-The circumstances under which the claim that claimant may be entitled to assert arose

-Any written proof of the claim such as a contract or invoice

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

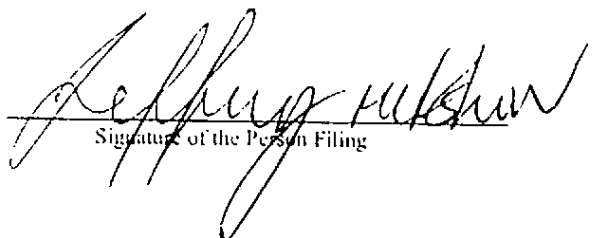
7777 Davie Rd Extension Suite 100B

Hollywood, Florida 33024

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.

Jeffrey McKishen

Printed Name of the Person Filing


Signature of the Person Filing