

Florida Department of State  
Division of Corporations  
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 : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

## DISSOLUTION OR WITHDRAWAL

## ANGEL'S ABA THERAPY SERVICES INC

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

RECEIVED

18 MAR 23 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAS TALLENT  
MAR 26 2018

18 MAR 23 AM 8:08

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**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:  
Angel's ABA Therapy Services Inc

SECOND: The document number of the corporation (if known): P18 000014018

THIRD: The date dissolution was authorized: 3 / 23 / 18

Effective date of dissolution if applicable: 3 / 23 / 18  
(no more than 90 days after dissolution file date)

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 or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Nieves Suarez

(Typed or printed name of person signing)

P

(Title of person signing)

**Filing Fee: \$35**

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