

FILED
Oct 29, 2019
Secretary of State

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:
LONGEVITY HOME HEALTH CARE, INC

SECOND: The document number of the corporation: P19000035940

THIRD: The date dissolution was authorized: December 31, 2016
Effective date of dissolution: October 30, 2019

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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: PEDRO GONZALEZ-MOLLINERA PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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:

LONGEVITY HOME HEALTH CARE, 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:

ALL CLAIMS MUST CONTAIN ORIGINAL SIGNATURES OF LONGEVITY HOME HEALTH CARE INC CORPORATE OFFICER. ALSO MUST CONTAIN COPIES OF ORIGINAL BILLING DOCUMENTS AND CLAIMS MUST BE SUBMITTED PRIOR TO OFFICIAL CLOSE OF OPERATIONS OF DEC. 31, 2016.

Mailing address where claims can be sent:

250 CATALONIA AVE
ACCOUNTANT STE 506
CORAL GABLES, FL 33134

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: PEDRO GONZALEZ-MOLLINERA

Electronic Signature of the Person Filing