

**FILED**  
**May 24, 2023**  
**Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  
SURI MENTAL HEALTH SERVICE INC

SECOND: The document number of the corporation: P20000020650

THIRD: The file date of the articles of incorporation: February 18, 2020

**FOURTH:** None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

**SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

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: ANA SURICHAQUI PRESIDENT

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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:

SURI MENTAL HEALTH SERVICE 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:

THE DISSOLVED CORPORATION MAY NOTIFY ITS EXISTING CLAIMANTS IN WRITING OF THE DISSOLUTION AT ANY TIME AFTER THE EFFECTIVE DATE OF THE DISSOLUTION. THE WRITTEN NOTICE SHALL INCLUDE: MAILING ADDRESS, 6 MONTHS DEAD LINE AND CLAIM STATEMENT.

Mailing address where claims can be sent:

5791 SW 74TH TERRACE  
APT 6  
MIAMI, FL 33143

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: ANA SURICHAQUI

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Electronic Signature of the Person Filing