

021 0000006187

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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**DISSOLUTION OR WITHDRAWAL
GOOD CHOICE MENTAL HEALTH CENTER INC**

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

FILED
TALLAHASSEE, FL

2023 OCT -6 AM 10:54

FILED

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Corporate Filing Menu

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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:
GOOD CHOICE MENTAL HEALTH CENTER INC
- SECOND: The document number of the corporation (if known): P21000006187
- THIRD: The date dissolution was authorized: AUGUST 1, 2023
Effective date of dissolution if applicable: AUGUST 1, 2023
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: 

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

LAUDIS MARTINEZ - HERNANDEZ

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)

Filing Fee: \$35

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

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: GOOD CHOICE MENTAL HEALTH CENTER, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

AUGUST 1, 2023

(date filed with the Dept. of date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

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CLERK	
STATE OF FLORIDA	
DEPT. OF REVENUE	
TALLAHASSEE, FL	

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

GOOD CHOICE MENTAL HEALTH CENTER, INC.

C/O LAUDIS MARTINEZ - HERNANDEZ


666 WEST 34TH STREET

HIALEAH, FLORIDA 33014

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.

LAUDIS MARTINEZ - HERNANDEZ

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$15.00