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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : I20000000268 Phone : (305)229-8256

Fax Number : (305)229-8252

## DISSOLUTION OR WITHDRAWAL ARGUS HEALTH GROUP INC

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## **COVER LETTER**

TO:	Amendment Section
	<b>Division of Corporations</b>

I st.

SUBJECT: ARGUS HEALTH	GROUP INC		
DOCUMENT NUMBER:	222000051873		
The enclosed Articles of Diss	olution and fee are s	ubmitted for filing	
Please return all corresponder	nce concerning this m	atter to the follow	ing:
MILTON A ARES			
	(Name of Contact	Person)	
ARES & COMPANY CPA			
	(Firm/Comp	any)	
3636 SW 87 AVE		;	
	(Address)		
MIAMI, FL 33165			
·	(City/State and Z	ip Code)	
For further information conce	ming this matter, plea	ase call:	
YDIA TAPIA	at	(305 229	-8256
(Name of Contact I	Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount:		
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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 $B = 4 \mathbb{R}/3$ 

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## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: ARGUS HEALTH GROUP IN
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
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 to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.

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		Tri.	02L	
Signature	Maydibis Blanco Alonso :	·	0CT -	⊒
C	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorpo	न्यक्षा	
•	MAYDIBIS BLANCO ALONSO	-	ċò	
	(Typed or printed name of person signing)	<b>3</b>		
	COO			
	(Title of Person Signing)	<del></del>		

Filing Fee: \$35