Alicia	ODOUC Lopkinson Cartes	2780
817 24 Ohland City/State	equestor's Name th St Address O 71 32805 e/Zip Phone #	0000024577603 -03/16/3801034007 *****35.00 *****35.00 Office Use Only
* 	NAME(S) & DOCUMENT NUM	,
_		ocument #)
4.	,	ocument #)
☐ Walk in	poration Name) (Do Pick up time Will wait Photocopy	Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Direct	tor
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	98
Other	Merger	TAN STORE
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	98 MAR 16 AM 9: 09
Fictitious Name	Foreign	M 9: 09
Name Reservation	Limited Partnership	Di55.
400015005	Reinstatement Trademark Other	3/19/98 3/19/98
CR2E031(1/95)		Examinēr's Initials

ARTICLES OF DISSOLUTION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR 16 AM 9: 09

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Golden Age Retirement Home Inc.
SECOND:	The date dissolution was authorized: March, 10, 1998
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	olution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe	d this, 19
Signature _	Alicia Hopkingson-laarter (By the Chairman or Vice Chairman of the Board, President, or other officer)
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	Alicia Hopkinson-Carter
	(Typed or printed name)
	President
	(Title)