

P98000053806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

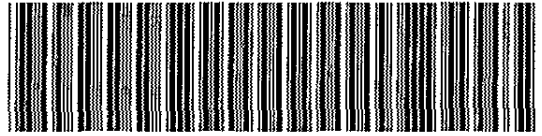
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/08/06--01003--015 **43.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2006

KENNETH W. MCCOY, ESQ.
15271 N.W. 60TH AVENUE
SUITE 203
MIAMI LAKES, FL 33014

SUBJECT: ST. LOUIS REHABILITATION PROGRAM, INC.
Ref. Number: P98000053806

We have received your document for ST. LOUIS REHABILITATION PROGRAM, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 106A00063640

RECEIVED

06 NOV -6 AM 8:00

DIVISION OF CORPORATIONS

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:

ST. LOIS REHABILITATION PROGRAM, INC.

SECOND: The document number of the corporation (if known): 79800005380L

THIRD: The date dissolution was authorized: September 30, 2006

Effective date of dissolution if applicable: September 30, 2006
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

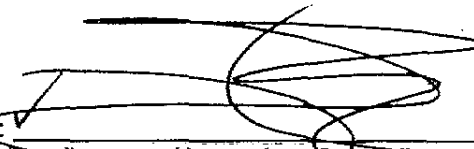
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: 

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

✓ Sebastian Silva
(Typed or printed name of person signing)

✓ President
(Title of person signing)

Filing Fee: \$35