Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name) 2. (Corporation Name)	(Document #) 70003325807-2 -07/18/00-01077-011 *****43,75 *****43.75 (Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Directory Change of Registered Agent Dissolution/Withdrawal Merger Certificate of Status 00 LANGE OF STATE PH 5: 33
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials

ARTICLES OF DISSOLUTION

OO JUL 18 PM 5: 33

PALLAHASSEE FLORIOA

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

FIRST:	The name of the corporation is: CLIENT CARE SERVICES, INC.	,
***		4 152
SECOND:	The date dissolution was authorized: 7 15 zoo	
THIRD:	Adoption of Dissolution (CHECK ONE)	
☑ Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
☐ Diss	solution was approved by vote of the shareholders through voting groups.	
Ti en	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	
	SHARILYN HAYES + TIMOTHY HAYES (voting group)	
	·	· , · ·
Signe	ed this 17th day of July, 2000.	
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	e e e e e e e e e e e e e e e e e e e
	(25 the chairman of the Guard, President, or other officer)	
	Timothy J. HAYES	.,
	(Typed or printed name)	. <u></u> 1. [2] ³ 1.
	PRESIDENT	
	(Title)	مستوس