

Corinne C. Smith-Phillips  
 825 South 10th Ave  
 Hollywood, FL 33019  
 State/Zip

Office Use Only

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 MAY 17 PM 3:19

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Annual Report  
☐ Fictitious Name

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Uold is

V SHEPARD MAY 23 2002

**Examiner's Initials**

## ARTICLES OF DISSOLUTION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY 17 PM 3:19

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

FIRST: The name of the corporation is: BEST CARE A.L.F., INC.

SECOND: The date dissolution was authorized: DEC. 31<sup>st</sup> 2001

THIRD: 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 vote of 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)

Signed this 10<sup>th</sup> day of MAY, 2002

Signature

Emil LeLutic

(By the Chairman or Vice Chairman of the Board, President, or other officer)

EMIL LE LUTIC

(Typed or printed name)

PRESIDENT

(Title)