

V01354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

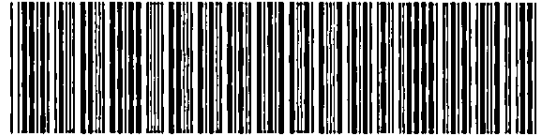
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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OCT 18 2017

V/D-w Notice

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17 OCT 16 PM 4:14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Florida Profit Corporation Pines Rehab, Inc.

**DOCUMENT NUMBER:** V01354

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zoraida Serna

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

2880 Evergreen Way

\_\_\_\_\_  
(Address)

Cooper City, Florida 33026

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zoraida Serna

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 432-8614

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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:

Pines Rehab, Inc.

SECOND: The document number of the corporation (if known): V01354

THIRD: The date dissolution was authorized: July 09, 2017

Effective date of dissolution if applicable: August 01, 2017

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Andres Serna

\_\_\_\_\_ (Typed or printed name of person signing)

President

\_\_\_\_\_ (Title of person signing)

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Filing Fee: \$35

### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pines Rehab, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

1. Name of Individual or Corporation making claim against Pines Rehab, Inc.  
\_\_\_\_\_
2. Dates when these services were rendered by Pines Rehab, Inc. or to Pines Rehab, Inc.  
\_\_\_\_\_
3. Description of the services rendered or provided to Pines Rehab, Inc.  
\_\_\_\_\_
4. Description of reason why claim against Pines Rehab, Inc. is justified.  
\_\_\_\_\_
5. Claim must be sworn and notarized.  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

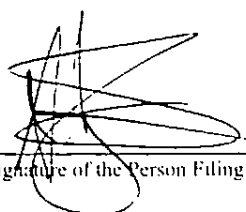
Zoraida Serna

2880 Evergreen Way

Cooper City, Florida 33026

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Andres Serna  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**