

P14 000063230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

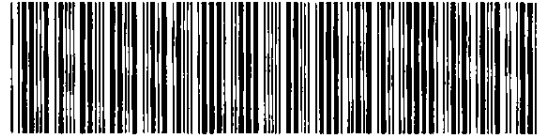
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
03/29/17 01:08:04 4480.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 MAR 29 AM 7:05

V HERRING  
MAR 30 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION

**DOCUMENT NUMBER:** P14000063230

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

Please return all correspondence concerning this matter to the following:

MARIELA ALVAREZ  
(Name of Contact Person)  
ALFIAAN HOME CARE, INC.  
(Firm/Company)  
13057 SW 215 TERRACE  
(Address)  
MIAMI, FL 33177  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIELA ALVAREZ at ( 305-971-6736 )  
(Name of Contact Person) (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

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building

## 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:

ALF IAN HOME CARE, INC.

SECOND: The document number of the corporation (if known): P14000063230

THIRD: The date dissolution was authorized: 03/23/2017

Effective date of dissolution if applicable: \_\_\_\_\_

(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

Jose R. Rodriguez & Mariela Alvarez  
(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)

MARIELA ALVAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2017 MAR 29 AM 7:05

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: ALFIAAN HOME CARE, 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.

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

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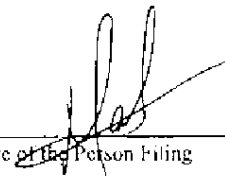
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**MARIELA ALVAREZ**

Printed Name of the Person Filing



Signature of the Person Filing