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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial moducions to	r illing Officer.	

Office Use Only



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FEB 07 2018 WICHAIR

JAN 1 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations



.2018 FEB -6 PM 3: 24

SUBJECT: UNILENE SUTURES AND COMPLEMENTS CORP
DOCUMENT NUMBER: P100000061794
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN GAMBOA
(Name of Contact Person)
(Firm/Company)
12920 MEADOWOOD COURT
(Address)
FORT MYERS - FLORIDA 33919
(City/State and Zip Code)
For further information concerning this matter, please call:
JUAN GAMBOA at (239) 888-7805
(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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) 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 607.1401, 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 Stat UNILENE SUTURES AND COMPLEMENTS, CORP	e:	
SECOND:	The document number of the corporation (if known): P100000061794		
THIRD:	The file date of the articles of incorporation: 07-27, 2010		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.	2018 FEB	
	☐ The corporation has not commenced business.	EB - 6	
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	ب 2	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sigr	nature:		
	(By a director, president or other officer-it/directors an officers have not been selected, by an incorporat in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	er - if	
	JUAN GAMBOA		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

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. UNILIENE SUTURES AND COMPLEMENTS CORP Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 12920 MEADOWOOD COURT FORT MYERS - FLORIDA 33919 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. JUAN GAMBOA 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