P11000002970

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | dress) | _ |
| (Cid | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
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Dissolution

JAN 2 9 2014

T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: ARTICLES OF DISSOLUTION P11000002970 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FABIAN FONTAINE FIGUEREDO (Name of Contact Person) FABIAN FONTAINE FIGUEREDO MD CORP (Firm/Company) 6703 SW 105 AVE (Address) MIAMI FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee S43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

FIRST:



14 JAN 24 AN 10: 45

ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with the Florida Department of State:

| | FABIAN FONTAINE FIGUEREDO MD CORP | | |
|---------|---|--|--|
| SECOND: | The document number of the corporation (if known): P11000002970 | | |
| ΓHIRD: | The date dissolution was authorized: 01-20-2014 | | |
| | Effective date of dissolution if applicable: 01-20-2014 (no more than 90 days after dissolution file date) | | |
| OURTH: | 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) | | |
| | | | |
| | X Spo | | |
| , | 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) | | |
| | FABIAN FONTAINE FIGUEREDO | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of person signing) | | |

Filing Fee: \$35