

P12000031565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

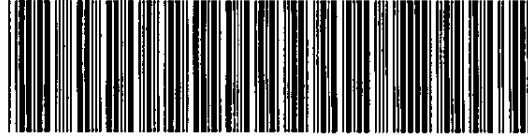
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270591193

03/16/15--01019--015 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 16 PM 1:04

C.L.
3-17-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL DEVICES USA, CORP.

DOCUMENT NUMBER: P12000031565

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

Please return all correspondence concerning this matter to the following:

LIMARDO, JAVIER A.

(Name of Contact Person)

MEDICAL DEVICES USA, CORP.

(Firm/Company)

20815 NE 16 AVE STE B23

(Address)

MIAMI, FL. 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

LIMARDO, JAVIER A.

(Name of Contact Person)

at (305) 974-5092

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

15 MAR 16 PM 1:04

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

FIRST: The name of the corporation is: **MEDICAL DEVICES USA, CORP.**
P12000031565

SECOND: The date dissolution was authorized: **12/31/2014**

THIRD: Adoption of Dissolution (Check One)

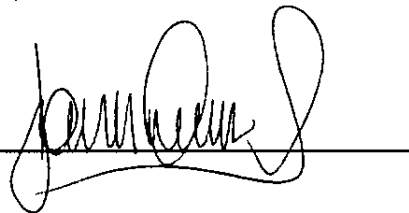
- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by vote of the shareholders through voting groups.

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 06 day of March, 2015

Signature



OR

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

LIMARDO, JAVIER A.

Name

PRESIDENT

Title