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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · ·
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations BIO-QUEST SOLUTIONS. INC. **SUBJECT: DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **SONIA RUIZ** (Name of Contact Person) (Firm/Company) 8 RAMBLEWOOD DR (Address) PALM COAST, FL 32164 (City/State and Zip Code) For further information concerning this matter, please call: SONIA RUIZ (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee ■ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & ■ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State: BIO-QUEST SOLUTIONS, INC		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 12-31-2015		
	Effective date of dissolution if applicable: 12-31-2015		
	(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: Soul hill		
	(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	SONIA RUIZ		
	(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. BIO-QUEST SOLUTIONS, INC. 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: COMPANY WAS DISSOLVED ON 12-31-2015 Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 8 RAMBLEWOOD DR PALM COAST, FL 32164 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. **SONIA RUIZ** Printed Name of the Person Filing