Broad and Cassel

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Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090 Phone : (407)839-4200

Fax Number : (407)839-4264

DISSOLUTION OR WITHDRAWAL RX 30 CORPORATION

4	Certificate of Status	0
93 94 94 94 94 94 94 94 94 94 94 94 94 94	Certified Copy	0
	Page Count	02
	Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION

Pursuant to sect	ion (507.14	403, Flor	ida Statutes	i, this	Flori	da profit co	rporation	submits the	following art	icles
of dissolution:		.*				5.4					

FIRST:	The name of the correction	poration as currently filed with the	ne Florida Department	of State:
SECOND:	The document numb	per of the corporation (if known)	F55519	
THIRD	The date dissolution	was authorized:	· · · · · · · · · · · · · · · · · · ·	· · ·
	Effective date of dis	solution if applicable:		<u> </u>
·	Note: If the tiste inserte not be listed as the docu	(no mo ad in this block does not meet the applica- ment's efficitive date on the Departmen	re than 90 days after dissolution cable statutory filing require at of State's records.	on file date) microis, this date w
FOURTH:	Adoption of Dissolu	nion (CHECK ONE)		•
	Dissolution was	approved by the shareholders. T	he number of votes cal	t for dissolution
· · ·	☐ Dissolution was	approved by the shareholders the	rough voting groups,	
	to vote separately o	nent must be separately provided in the plan to dissolve: cast for dissolution was sufficie		entitled
				·
	Signature;	(voting group)		
	(By a director, pro	esident or other officer - if directors or offic if in the hands of a receiver, trustee, or other	ers have not been selected, by a court appointed fiduciary, by	
	Warren W. Wuhker	-		
	(T)	yped or printed mans of person signing)	· · · · · · · · · · · · · · · · · · ·	
·. · · · ·	President	, 		
		(Title of person signing)		72.4.44

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:	
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	ne Department of State or as
Description of information that must be included in a claim:	
	the state of the s
	· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be sen	nt to the Division of Corporations)
Wade F. Johnson, III, Broad and Cassel	
390 North Orange Avenue, Suite 1400	
P.O. Box 4691 (32802-4961)	
Orlando, Florida 32801	
A claim against the above named corporation will be barred unle within 4 years after the filing of this notice.	ess a proceeding to enforce the claim is commenced
WADE F. JOHNSON, III, ESQ.	11/2
Printed Name of the Person Filing	Signature of the Person Filing