

673122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

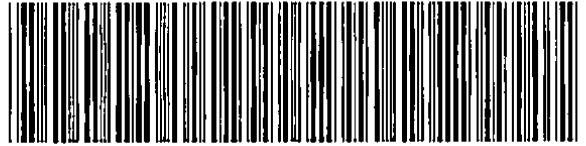
(Document Number)

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FEB 22 2019

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FILED
19 FEB 19 AM 0:11
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

CORPORATION SERVICE COMPANY
AARON MEDICAL INDUSTRIES, INC.

SUBJECT: AARON MEDICAL INDUSTRIES, INC.
Ref. Number: G73122

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00003588

RECEIVED
19 FEB 21 AM 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 637731 4301463

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : February 19, 2019

ORDER TIME : 12:22 PM

ORDER NO. : 637731-005

CUSTOMER NO: 4301463

DOMESTIC FILINGS

NAME: AARON MEDICAL INDUSTRIES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 State:
AARON MEDICAL INDUSTRIES, INC.

SECOND: The document number of the corporation (if known): G73122

THIRD: The date dissolution was authorized: 2/18/2019

Effective date of dissolution if applicable: _____

(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: _____

By _____, Secretary or other officer - if directors or officers have not been selected, by _____, President or other officer - if in the hands of a receiver, trustee, or other court appointed fiduciary, by _____, _____

Tara Semb

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

19 FEB 19 AM 8:11

FILED