

LO1000019439

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

LO1-19439 1/14
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-01/14/02--01062--011
*****25.00 *****25.00

SUBJECT: Change of Legal Entity
Medicaid Information Resource, LLC (Dissolution)
Medicaid Information Resource, Inc. (Incorporation)

Dear Anna Chestnut,

Enclosed is an original and one (1) copy of the Articles of Dissolution for Medicaid Information Resource, LLC, a Florida Limited Liability Company and a check in the amount \$ 25.00 for filing fees.

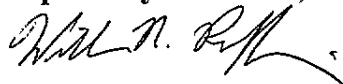
In addition,

Enclosed is an original and one (1) copy of the Articles of Incorporation for Medicaid Information Resource, Inc. and a check in the amount of \$ 78.75 for filing fees and a certificate.

You requested I send these documents to your attention so that you could disperse them to the proper individuals within your office.

Thank you so much for your help in this very important matter.

Respectfully submitted,



William N. Ruffing

FILED
JAN 14 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Medicaid Information Resource, LLC

2. The effective date of the limited liability company's dissolution is 1/10/02

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

I decided that my company should be structured as
an S Corporation instead of the limited liability
structure. I wish to use the same name. Therefore, I
am simultaneously dissolving the LLC and filing for the new
Corporation.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Typed or Printed name

William Ruffing

William Ruffing

02 JAN 14 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00