

LO9 000007868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

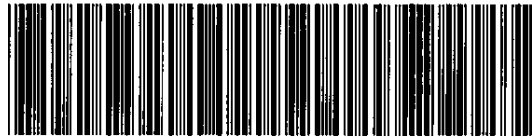
(Business Entity Name)

(Document Number)

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05/22/09--01024--003 **30.00

FILED
2009 MAY 22 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICALVIBE FOUNDATION, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Salgado

(Name of Person)

(Firm/Company)

2520 Coral Way, Suite 2-289

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Salgado

(Name of Person)

at (512) 947-3494

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**WRITTEN CONSENT FOR DISSOLVING MEDICALVIBE FOUNDATION, LLC
PRUSTANT TO 608.441(1)(c)**

I, Christopher Salgado, am a member of the MedicalVibe
Foundation, LLC and hereby consent to dissolve this limited liability company.

Chris Salgado
Name

[Signature]
Signature

4/22/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. The name of a limited liability company is
MEDICALVIBE FOUNDATION, LLC

2. The Articles of Organization were filed on JANUARY 26, 2009 and assigned document number
L09000007868

3. The date the dissolution was approved: MAY 1, 2009

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

The undersigned desire to dissolve MedicalVibe Foundation, LLC pursuant to s. 608.441(1)(c), Florida Statutes,
upon written consent of all of the members of the limited liability company. Written Consents are attached hereto.

5. 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.

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

7. CHECK ONE:

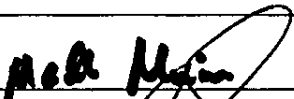
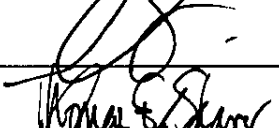
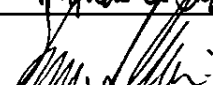
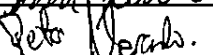

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

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TALLAHASSEE, FLORIDA

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

Signature

Printed Name

PROUNITED, LLC

MADLENE MINASSIAN

CHRISTOPHER SALGADO

THOMAS E. SHAVER

SAMIR MARDINI

PETER MARCADO

FILING FEE: \$25.00