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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fantastic Wound Care, 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:

Joseph C. Kempe, Esq.

(Name of Person)

Joseph C. Kempe, P.A.

(Firm/Company)

941 N. Highway A1A

(Address)

Jupiter, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Costanzo

(Name of Person)

at ( 561 ) 747-7300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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

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

1. The name of a limited liability company is

Fantastic Wound Care, LLC

2. The Articles of Organization were filed on January 10, 2018 and assigned

document number L18000009527

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

The member has elected to dissolve the limited liability company and form a corporation in its place.

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

2018 JUN 26 AM 9:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Joseph C. Kempe, Esq., Authorized Representative

Printed Name

**FILING FEE: \$25.00**

JOHN L. AVERY, JR. CHARTERED  
ALEX J. FONTAINE, P.A.  
CONNER R. KEMPE, Esq.<sup>1</sup>  
JOSEPH C. KEMPE, Esq.<sup>1,2,3</sup>  
MELISSA D. LAZARCHICK, Esq.  
MARNIE R. PONCY, Esq.<sup>4</sup>  
DAVID C. TASSEL, P.A.  
CHARLES R. L. WHITE, CHARTERED<sup>4,5</sup>

<sup>1</sup>LL.M. IN TAX LAW  
<sup>2</sup>BOARD CERTIFIED IN TAX LAW  
<sup>3</sup>BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES  
<sup>4</sup>ALSO ADMITTED IN N.C.  
<sup>5</sup>ALSO ADMITTED IN N.Y.  
<sup>6</sup>REGISTERED NURSE

TAX AND FIDUCIARY ACCOUNTANTS  
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PROFESSIONAL ASSOCIATION  
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June 25, 2018

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ADMINISTRATION  
ESTHER GARNER, TAMI G. KEMPE,  
SANDRA PARRISH

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

Enclosed please find a direction letter from Dr. Olayemi Osiyemi pertaining to the dissolution of Fantastic Wound Care, LLC and the formation of Fantastic Wound Care, Inc.

Should you have any further questions, please feel free to contact our office.

Sincerely,

Joseph C Kempe

*Olayemi Osiyemi, Trustee*  
*Olayemi Osiyemi Declaration of Trust u/a/d September 2, 2011, as amended*  
*7655 Woodsmuir Drive*  
*West Palm Beach, FL 33412*  
*(561) 602-9988*

June 25, 2018

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

Re: Fantastic Wound Care, LLC / Fantastic Wound Care, Inc.  
Our File No. 2461.611

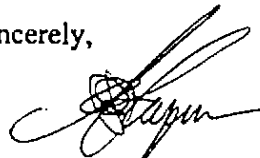
Dear Sir or Madam:

As the sole member of Fantastic Wound Care, LLC, I have filed the Articles of Dissolution for this limited liability company, the original of which is enclosed with this correspondence.

I hereby authorize the Secretary of State to use the name for formation of Fantastic Wound Care, Inc., as I will be a shareholder of the new corporation. The original Articles of Incorporation are also enclosed herewith for filing.

Should you have any questions regarding this matter, please contact me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Olayemi Osiyemi', with a stylized flourish at the end.

Olayemi Osiyemi, Trustee