

N16000009469

Messer CAPARELLO P.A.

(Requestor's Name)

ATTN: Annie

(Address)

PO BOX 15579

(Address)

Tallahassee FL 32317

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300393353823

11/03/22--01001--001 **35.00

RECEIVED

2022 NOV -2 PM 2:33

TALLAHASSEE, FL 323

RECEIVED

2022 NOV -2 PM 3:53

TALLAHASSEE, FL 323

A. BUTLER

NOV - 2 2022

RUN/DELIVERY

To: Secretary of State Office

From: ~~Annie~~ messer Caparelli P.A.

Date: 11/2/22 PO Box 15579
Tallahassee, FL 32317

Instructions:

Please take the attached firm check and Articles of Dissolution to the Secretary of State office of filing. Thank you.

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State
Florida Institute for Medical Education, Inc.

SECOND: The document number of the corporation (if known): N16000009469

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was ³_____ and the vote for resolution was ³_____ for and 0_____ against. (Must be a majority vote)

FOURTH 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.

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Thomas Noel

(Typed or printed name of person signing)

Director/President

(Title of person signing)

Filing Fee: \$35