

(Re	equestor's Name)	
(Ac	ldress)	
· (Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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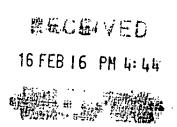
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16 FEB 16 PH 4: 15
SECRETARY OF STATE
TALLAHASSEE FLORID.

MOWW FEB 17 2016

R. WHITE





February 1, 2016

DAVID WETZEL 9159 INDIAN RIVER RUN BOYNTON BEACH, FL 33472

SUBJECT: MEDICAL EMERGENCIES & SAFETY CONSULTANTS, INC.

Ref. Number: P00000022122

We have received your document for MEDICAL EMERGENCIES & SAFETY CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity is an active corporation and therefore, revocation of dissolution cannot be filed for an active corporation. If it isyour intent to dissolve the corporation, the articles of dissolution should be filed.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White Regulatory Specialist II

Letter Number: 216A00002152

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSO Whon	
DOCUMENT NUMBER: POOC	00022122
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
David Wetre! (Name of	Contact Person)
	t Safety Consultants Inc
9159 Indian Rive	ddress)
	72 3347 2 te'and Zip Code)
For further information concerning this mat	tter, please call:
(Name of Contact Person)	at (<u>SG17038557</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
A\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:	
	Medical Emergencies & Salety Consultants	DOC	
SECOND:	The document number of the corporation (if known):	22122	
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution to the dissolution to	Gla data)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirement of 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 f was sufficient for approval.	or dissolution	
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled	
	The number of votes cast for dissolution was sufficient for approval by	ĭ⊼s _	
	David Wetzel	G FEB	7~1
	(voting group)	16 AAY ASSE	
			コラ
	Signature:	: 15	
	(By a director, president or ther officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	David Wetzel	 	
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Medical Emigencies of Safety Consultants Inc Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00