

P00000022122

(Requestor's Name)

(Address)

(Address)

(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



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01/29/16--01017--001 **35.00

MDW

FEB 17 2016

R. WHITE

FILED
16 FEB 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 FEB 16 PM 4:44

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 is your 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: Dissolution

DOCUMENT NUMBER: P00000022122

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Wetzel
(Name of Contact Person)

Medical Emergencies & Safety Consultants Inc
(Firm/Company)

9159 Indian River Run
(Address)

Boynton Beach FL 33472
(City/State and Zip Code)

For further information concerning this matter, please call:

David Wetzel at 561 703 8557
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

Already Paid ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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 & Safety Consultants Inc

SECOND: The document number of the corporation (if known): P0000000 22122

THIRD: The date dissolution was authorized: 1/1/16

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

David Wetzel
(voting group)

Signature: _____

(By a director, president or other 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)

Owner
(Title of person signing)

16 FEB 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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 Emergencies & 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:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9159 Indian River Run
Boynton Beach FL 33472

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.

David Wetzel
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing