

PD0000080248

(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

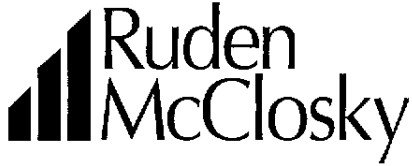


800042791988

12/07/04--01047--003 **35.00

FILED
04 DEC 14 AM 11:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

13 12/8/04
Ben Doss



111 N. ORANGE AVENUE
SUITE 1750
ORLANDO, FLORIDA 32801

(407) 244-8001
FAX: (407) 244-8101
BRIAN.PHILLIPS@RUDEN.COM

December 13, 2004

VIA FEDERAL EXPRESS
7903 6433 2331

Division of Corporations
Amendment Section
Attn: Pam Smith
409 E. Gaines Street
Tallahassee, Florida 32399

re: Rx Options, Inc.

Dear Pam:

Enclosed please find the form Cover Letter, executed Articles of Revocation of Dissolution, and a copy of the Articles of Dissolution dated October 25, 2004. A check for the filing fee of \$35.00 was sent to you previously under separate cover. Upon receipt of this letter, please file the Articles of Revocation for Rx Options, Inc.

If you have any questions or concerns, please do not hesitate to contact me at the address or telephone numbers listed above.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Brian Phillips", written over a circular stamp.

A. Brian Phillips, Esq.
Ruden McClosky
For the Firm

ABP/slm
Enclosure

ORL:16359:1

RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rx Options, Inc.

DOCUMENT NUMBER: P00000080248

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

Please return all correspondence concerning this matter to the following:

Lisa Hutchinson

(Name of Person)

c/o A. Brian Phillips, Esq., Ruden McClosky Smith Schuster & Russell, P.A.

(Name of Firm/Company)

111 N. Orange Avenue, Suite 1750

(Address)

Orlando, Florida 32801

(City/State/ and Zip Code)

For further information concerning this matter, please call:

Brian Phillips

(Name of Person)

at (407) 244-8000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Rx Options, Inc.

SECOND: The document number of the corporation (if known) is P00000080248

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was October 25, 2004

FOURTH: The Revocation of Dissolution was authorized on November 16, 2004

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Lisa Hutchinson

(Typed or printed name of person signing)

Sole Shareholder, Director, President, Treasurer & Secretary

(Title of person signing)

FILING FEE \$35

FILED
04 DEC 14 AM 11:44
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ARTICLES OF DISSOLUTION
OF
RX OPTIONS, INC.

FILED

04 OCT 25 PM 2:30

ALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation is Rx Options, Inc.

ARTICLE II - DATE OF DISSOLUTION

Dissolution of the corporation was authorized by written consent of the shareholder holding 51% of the common equity of the entity on October 6, 2004.

ARTICLE III - APPROVAL

Dissolution was approved by the shareholders, without action of the Board of Directors and by written consent of the shareholders pursuant to Section 607.0704, Florida Statutes, said shareholders holding 51% of the common equity of Rx Options, Inc. and therefore sufficient to approve the dissolution.

ARTICLE IV - DISSOLUTION BY VOTING GROUPS

No voting by voting groups was required to complete dissolution.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this
6th day of October, 2004.



Lisa Hutchinson,
Majority Shareholder, Sole Director, President,
Treasurer, and Secretary of Rx Options, Inc.

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority this 6th day of October, 2004, personally appeared LISA HUTCHINSON, who produced Florida Driver License as identification and who did not take an oath.


NOTARY PUBLIC

(SEAL)

