

P01000022331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

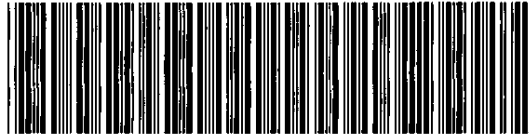
(Business Entity Name)

(Document Number)

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07 JUL 30 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D:SS.

SP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2007

Made Pharmacy and Discount
7956-58 S.W. 8th Street
Miami, FL 33144

SUBJECT: MADEL PHARMACY & MEDICAL SUPPLIES IMPORT-EXPORT,
INC.
Ref. Number: P01000022331

We have received your document for MADEL PHARMACY & MEDICAL SUPPLIES IMPORT-EXPORT, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 007A00045127

RECEIVED
07 JUL 30 AM 8:00
DIVISION OF CORPORATIONS

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:
MADEL PHARMACY & MEDICAL SUPPLIES IMPORT-EXPORT, INC.

SECOND: The document number of the corporation (if known): P01000022331

THIRD: The date dissolution was authorized: JULY 2 - 2007

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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

two
(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)

OMAR PEREZ D.D.S.
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA