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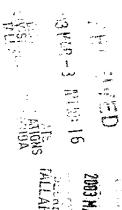
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dadinoss Littly Featile)	
(Document Number)	
Certified Copies Certificates of Status	_
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MAR -3 AM III: 59



EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Phone #

(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up	ime Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger Merger
	/ Ividge
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark
	Other

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: MEDICAL DOCTOR'S FORMULA	
NETWOR		
SECOND:	The filing date of the articles of incorporation was: 3-06-01	
THIRD:	(CHECK ONE)	200
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	☐ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Si	igned this 28 day of FEB 2003	
Signatu	Electrica B	
S.B.m.u	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
	EVA A. AMADOR	
	(Typed or printed name)	
	P/T/D	
	(Title)	