PD1000118541

| (Requ | iestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Busi | ness Entity Nar | me) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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03/19/15--01016--015 **35.00

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

AHD155 M3.19.15

COVER LETTER

| FO: Amendment Section Division of Corporations |
|---|
| SUBJECT: McCoy Veterinary Services, Inc. |
| DOCUMENT NUMBER: P01000118541 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Elisabeth D. Kozlow, Esq. |
| (Name of Contact Person) |
| Siegfried, Rivera, Lerner, De La Torre, Mars & Sobel, P.A. |
| (Firm/Company) 201 Alhambra Circle, 11th Floor |
| (Address) |
| Coral Gables, FL 33134 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Elisabeth D. Kozlow at (305) 442-4938 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ■ \$35 Filing Fee U \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee FL 323142661 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:

| SECOND: | The document number of the corporation (if known): P01000118541 | | | |
|---------|---|----------------|--|--|
| | The date dissolution was authorized: March 16, 2015 | | | |
| THIRD: | | _ | | |
| | 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. | on | | |
| | 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 | | | |
| | Shareholders & Directors | AINISION OF SO | | |
| | | 1:59 | | |
| | 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) | | | |
| | James P. McCoy | | | |
| | President (Typed or printed name of person signing) | | | |
| | $\bigcap_{n \in \mathbb{N}} a_n \in O$ | | | |

Filing Fee: \$35