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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

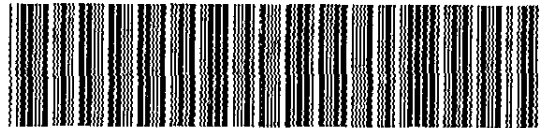
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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[Signature]  
8/22

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Katig's Orthopedic Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$73.75 Filing Fee & Certificate of Status

☐ \$73.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

\$25  
Dissolution

FROM: P B: A Financial Svcs.  
Name (Printed or typed)

13935 NW 1st Ave  
Address

Miami, FL 33168  
City, State & Zip


305-688-9694  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**STATE OF FLORIDA  
DEPARTMENT OF THE SECRETARY OF STATE  
ARTICLES OF DISSOLUTION PRIOR TO ISSUANCE OF SHARES**

Pursuant to 607.1401, of the General Statutes of Florida, the undersigned corporation hereby submits the following Articles of Dissolution for the purpose of dissolving the corporation:

1. The name of the corporation is **Katty's Orthopedic Services, Inc**
  2. The names, titles and addresses of the officers, if any, of the corporation are:  
1) Kattia Caballero
  3. The names and addresses of the directors or, if none, of the incorporators of the corporation are:  
1) Kattia Caballero
  4. The corporation was incorporated on the 7th day of August, 2002
  5. None of the corporation's shares have been issued.
  6. No debt of the corporation remains unpaid.
  7. The dissolution has been authorized by a majority of the directors or incorporators listed in Item 3 above.
  8. These articles will be effective upon filing.
- This the 12 day of August, 2003.

  
\_\_\_\_\_  
President

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