

PO20000092038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

MAIL

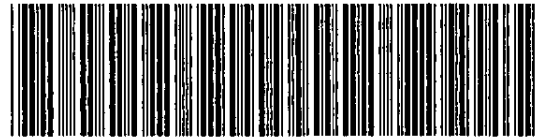
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300237551403

07/19/12--01015--011 \*\*43.75

less

FILED  
2012 AUG -6 PM 4:52-2  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/6/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** PO2000092038

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

Please return all correspondence concerning this matter to the following:

RASIK BOSMIA  
(Name of Contact Person)

PHARM-AID, INC  
(Firm/Company)

P.O. Box 4465  
(Address)

OCEANSIDE, CA, 92052  
(City/State and Zip Code)

For further information concerning this matter, please call:

RASIK BOSMIA at ( 760 ) 216-4416  
(Name of Contact Person) (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    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
- ( ALREADY MAILED )    (Additional copy is enclosed)    (Additional copy is enclosed)
- 07/16/2012

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2012

RASIK BOSMIA  
PHARM-AID, INC.  
PO BOX 4465  
OCEANSIDE, CA 92052

SUBJECT: PHARM-AID, INC.  
Ref. Number: P02000092038

We have received your document for PHARM-AID, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 612A00019256

## ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2012 AUG - 6 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PHARM-AID, INC

SECOND: The document number of the corporation (if known): PO 2000092038

THIRD: The date dissolution was authorized: 01/01/2012

Effective date of dissolution if applicable: 12/31/2011

(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

\_\_\_\_\_  
(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)

RASIK BASMIA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35