

PO2 000101189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Volds.
12/29/10
De

December 20, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

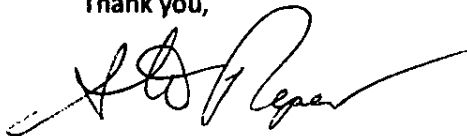
To whom it may concern:

Please dissolve the corporation, CoMatrix Media Partners, Inc.
Document # P02000101189

Attached is the appropriate cover letter.

All correspondence send to: Steven Ruprecht
3852 Satin Leaf Ct.
Delray beach, FL 33445
(561) 573-8381

Thank you,

A handwritten signature in black ink, appearing to read 'S. Ruprecht', with a long horizontal flourish extending to the right.

Steven Ruprecht

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Profit Corporation

DOCUMENT NUMBER: P02000101189

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

Please return all correspondence concerning this matter to the following:

Steven Ruprecht
(Name of Contact Person)

(Firm/Company)

3852 SATIN Leaf CT
(Address)

Delray Beach FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Ruprecht at (561) 573-8381
(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 (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

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:

COMATRIX Medical Partners, INC.

SECOND: The document number of the corporation (if known): P02000101189

THIRD: The date dissolution was authorized: 12-20-10

Effective date of dissolution if applicable: ASAP
(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

Steven Ruprecht
(voting group)

Signature: [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)

Steven Ruprecht
(Typed or printed name of person signing)

President / owner
(Title of person signing)

Filing Fee: \$35

FILED
10 DEC 22 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA