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LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 2. (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 2.86 Walk in Certified Copy Photocopy Mail out Certificate of Status ☐ Will wait **NEW FILINGS AMENDMENTS** Profit **A**mendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability

OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report Fictitious Name Foreign Limited Partnership Reinstatement Trademark Other

Dissolution/Withdrawal

☐ Merger

Examiner's Initials

Domestication

Other



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2005

LAZARUS

TALLAHASSEE, FL

SUBJECT: N & F MEDICAL SUPPLY INC.

Ref. Number: P03000005858

DI PARTITION OF AMAILS OF ANGLE ANALIS OF A LORID TALL AMAIS FOR PARTITION OF THE PARTITION

We have received your document for N & F MEDICAL SUPPLY REC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to indicate the manner of adoption for the 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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 605A00051815

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 is: NOF Medical Supply IN
SECOND: The date dissolution was authorized: 8/11/2005
THIRD: 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 vote of the shareholders through voting groups.
The following statement must be separately provided for each voting group The entitled to vote separately on the plan to dissolve:
The number of votes cast for dissolution was sufficient for approval by
(voting group)
Signed this
Signature (By the Chairman or Vice Chairman of the Board, President, or other officer)
(Typed or printed name)
President
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