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Florida Department of State
Division of Corporations
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From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 24 PM 4:25

DISSOLUTION OR WITHDRAWAL

GULF COAST ALLERGY SOCIETY INC.

RECEIVED

06 MAY 24 AM 8:00

DIVISION OF CORPORATIONS

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Florida Dept of State



May 23, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GULF COAST ALLERGY SOCIETY INC.
41 FAIRPOINT DRIVE SUITE F
GULF BREEZE, FL 32561

SUBJECT: GULF COAST ALLERGY SOCIETY INC.
REF: P03000019605

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

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Darlene Connell
Document Specialist

FAX Aud. #: H06000141160
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ARTICLES OF DISSOLUTION

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

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

GULF COAST ALLERGY SOCIETY INC.

SECOND: The document number of the corporation (if known): P03000019605

THIRD: The date dissolution was authorized: 05/22/2006

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.

☐ Dissolution was approved by of 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)

Signed this 22nd day of MAY, 2006

Signature: X

F. Lacowsky

(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)

FRANK LACOWSKY

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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