

PO30000034051

(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



400041521004

10/06/04--01013--003 **35.00

FILED
04 OCT -6 PM 1:52
CLERK OF STATE
TREASURY DEPT

PO30000034051
FUDISS admin diss corp
10-6-04

RACHLIN, SAUNDERS & ASSOCIATES
Accounting & Tax Services

11120 N. Kendall Dr., Suite 201
Miami, FL 33176
Phone (305) 270-2040
Fax (305) 595-8695

INCOME TAX RETURN
FILING INSTRUCTIONS

NAME OF TAXPAYER RED-X HEALTH, INC YEAR _____

RETURN:

- | | |
|--|---|
| <input type="checkbox"/> 1040 Individual Tax Return | <input type="checkbox"/> F1120 Corporate Income Tax |
| <input type="checkbox"/> 1065 Partnership Tax Return | <input type="checkbox"/> 1041 Fiduciary Tax Return |
| <input type="checkbox"/> 1120 Corporate Tax Return | <input type="checkbox"/> Intangible Tax Return |
| <input type="checkbox"/> 1120S Corporate Tax Return | <input checked="" type="checkbox"/> Other: <u>DISSOLUTION</u> |

SIGNATURE:

- The return should be signed where indicated by a mark by:
- | | |
|---|--|
| <input type="checkbox"/> Taxpayer | <input checked="" type="checkbox"/> One of the officers of the corporation |
| <input type="checkbox"/> Taxpayer and wife | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> One of the partners | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Each election where indicated, on page _____ | |

DUE DATE:

Mail on or before ASAP

REMITTANCE:

Tax Due: \$ 35⁰⁰
\$ _____ will be refunded to you.
\$ _____ will be credited on your estimated tax declaration.

MAILING INSTRUCTIONS:

- Mail to:
- | | |
|--|--|
| <input type="checkbox"/> Internal Revenue Service Center
Atlanta, Georgia 39901 | <input type="checkbox"/> with remittance
<input type="checkbox"/> without remittance |
| <input type="checkbox"/> Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0140 | Use I.R.S. Federal Tax Deposit
Coupon Book and deposit at
your local depository bank |

☒ AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

COMMENTS:

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P03000034057

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

Please return all correspondence concerning this matter to the following:

EDWIN RIVERA

(Name of Person)

RED-X HEALTH, INC

(Name of Firm/Company)

7148 SW 47 street

(Address)

MIAMI FL 33143

(City/State/and Zip Code)

For further information concerning this matter, please call:

EDWIN RIVERA

(Name of Person)

at (305) 720-6195

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

RED-X HEALTH, INC.

SECOND: The document number of the corporation (if known): P03000034051

THIRD: The date dissolution was authorized: OCTOBER 1ST 2004

Effective date of dissolution if applicable: OCTOBER 1ST 2004
(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 group

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

(voting group)

Signed this 1ST day of OCTOBER, 2004

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)

EDWIN RIVERA

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA