

P03000047296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

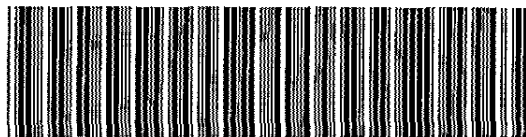
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700081036277

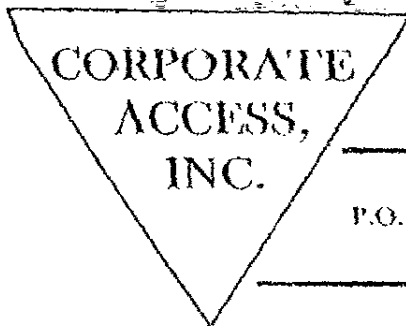
dis

11/06/06--01001--013 **52.50

RECEIVED
06 NOV -3 PM 3:23

FILED
2006 NOV -3 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR
11/3/06



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

11/3

☒ CERTIFIED COPY

☐ PHOTOCOPY

☒ CUS

☒ FILING

GS

Dissolution

1.

Cecomex Medical, Inc. PO3-47296
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF DISSOLUTION

FILED

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

2006 NOV -3 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Cecomex Medical, Inc.

SECOND: The document number of the corporation (if known): P03000047296

THIRD: The date dissolution was authorized: June 15, 2006

Effective date of dissolution if applicable: (with filing)

(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)

Jonathan M. Drucker with POA for president/ majority share holder

(Typed or printed name of person signing)

POA for President/ majority sharholder

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Cecomex Medical, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Date claim is alleged to have arisen. Name of claimant.

Date services performed. Name or person who authorized said services.

Contact information. Identity of the contract claimed under.

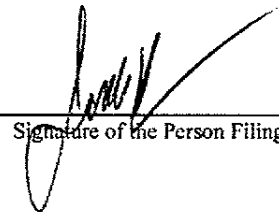
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Cecomex Medical, Inc.
c/o Jonathan M. Drucker, P.A
2605 Ponce De Leon Blvd.
Coral Gables, Florida 33134

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jonathan M. Drucker with POA for president

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

LIMITED POWER OF ATTORNEY

By and through this LIMITED POWER OF ATTORNEY, I, Daniel F. Le Borgne, authorize JONATHAN M. DRUCKER, ESQ., of Jonathan M. Drucker, P.A., my attorney to act as my attorney in fact for the following limited purposes:

To do all things necessary to proceed in, carry out, and complete the above described matters, as if I myself were performing the tasks undertaken. This power of attorney shall authorize and empower Mr. Drucker to perform all tasks relating to all activities of Cercomex Medical Inc. and in particular to obtain all necessary bank records from Sun Trust Bank including but not limited to all bank statements.

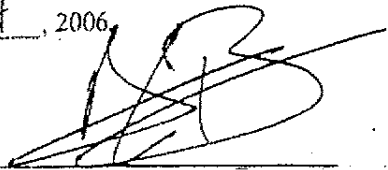
This power of attorney shall so authorize Mr. Drucker to complete these tasks for the purpose of expediting completion of the described matters. It shall be understood by those presented with this power of attorney that all tasks sought to be undertaken by Mr. Drucker on my behalf in the subject matters are undertaken with my express approval and that the lack of my signature on any subject document or other material shall not be grounds for refusing to proceed in the completion of all matters related to the described claims.

This power of attorney is effective until rescission in writing. The powers conferred on Mr. Drucker through this document are subject to his obligations as my attorney, and as the attorney for Cercomex Medical Inc. The provisions of the retainer agreement executed in my favor.

DLB

Beyond the purposes listed above, this document in no way confers on Mr. Drucker any other authority.

Done and executed this 30 day of August, 2006.


DANIEL F. LE BORGNE

STATE OF FLORIDA }
 } :SS
COUNTY OF MIAMI-DADE }

BEFORE ME, the undersigned authority, personally appeared Daniel F. LeBorgne who swears and deposed that he/she has told the truth hereinabove and that all statements are true and correct.

SWORN TO AND SUBSCRIBED before me this 5th day of September, 2006.

Michelle Martinez
NOTARY PUBLIC
PRINT NAME: MICHELLE MARTINEZ

Signer is: (☒) Personally known to me. or
 () Produced identification: _____