

VOL DISS  
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FILED  
04 JUL 12 PM 3:00  
STATE  
ALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P03000105113

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

Please return all correspondence concerning this matter to the following:

Hashim JALUDI  
(Name of Person)

LITTLE ANGELS MEDICAL RESEARCH INC  
(Name of Firm/Company)

5701 Collins Ave # 904  
(Address)

Miami Beach, FL 33140  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Hashim Jaludi at (305) 772-9665  
(Name of 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, 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:

LITTLE ANGELS' MEDICAL Research Foundation, INC.

SECOND: The document number of the corporation (if known): 903000105113

THIRD: The date dissolution was authorized: 5-1-2004

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

Shareholders

(voting group)

Signed this 6 day of July, 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)

Hashim Jaludi

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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: Little Angels Medical Research Foundation 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:

Reason of Claim  
Date of original claim  
Company Name  
\* Proof of original claim

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

5701 Collins Ave #904  
Miami Beach, FL 33140

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.

Hashim Talodi  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing