سبد (۱۹۴۱) . بايند

(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



600218599586

01/20/12--01038--007

JAN 2 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: 103000157002
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Reiver
(Name of Contact Person)
Rymed Medical Products Inc. (Firm/Company)
9858 Glades Rd. #168
Boca Raton FL. 33434 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Adam Reiver at (561) 703-5170
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \sum \\$\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\sum \\$\$135 Filing Fee & \sum \\$\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 Florida Department of Rymed Medical Polycts, Inc.	of State:
SECOND:	The document number of the corporation (if known): P03000157	000
ΓHIRD:	The date dissolution was authorized:	
	Effective date of dissolution <u>if applicable</u> : 12/24/11 (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 was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	TO JAN 20 AM DO 22
	(voting group)	0 773
	·	<b>A</b> 100 00 00 00 00 00 00 00 00 00 00 00 00
		60 July 1
		ŗ
	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)	
	Adam Leiver	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35