

P04000016d46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

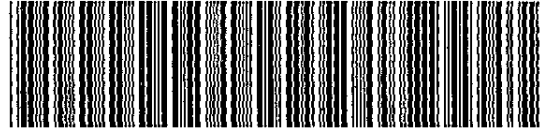
(Document Number)

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EFFECTIVE DATE

02-01-06

01/17/06--01029--017 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 17 AM 11:43

Ps 1/23/06
Diss

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OPTION HELP MEDICAL SUPPLY CORP

DOCUMENT NUMBER: P04000016646

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

Please return all correspondence concerning this matter to the following:

JOSE RAMIREZ

(Name of Contact Person)

(Firm/Company)

6190 W 19 AVE, APT 317

(Address)

HIALEAH, FL. 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE RAMIREZ

(Name of Contact Person)

at (305) 519-4207

(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, FL 32314

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

EFFECTIVE DATE

02-01-06

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 State:

OPTION HELP MEDICAL SUPPLY CORP.

SECOND: The document number of the corporation (if known): P04000016646

THIRD: The date dissolution was authorized: 1/11/06

Effective date of dissolution if applicable: 2/01/06

(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)

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 JAN 17 AM 11:43

Signature: SRamirez

(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)

JOSE RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35