POY00032223

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	1
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations	
SUBJECT: DISSULUTION	!
DOCUMENT NUMBER: UN KINOW	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Danelle Hog	ev
(Name of Conta	ct Person)
· · · · · · · · · · · · · · · · · · ·	
(Firm/Con	npany)
1322 Meres 1	31vd.
(Address	s)
Tourpon Spr	INGS FL 34689 Izip Code)
For further information concerning this matter, p	
OCE OF DOLNETTE HOHER (Name of Contact Person)	at (727) 793-2104 07 2010-7 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	#3,75 Filing Fee & S52.50 Filing Fee, Pertified Copy Idditional copy is aclosed) ### 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

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:
riksi,	
	Biosolutions, Inc.
SECOND:	The document number of the corporation (if known):_ POHO00032223
THIRD;	The date dissolution was authorized:
	Effective date of dissolution if applicable: May 5, 2006 (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
	President i Vice President ALLAHASSEE, FIS
	PH 3: 32 EF, FLORID
	STATE LORID
	Signature: Hoghn 5 8
	(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)
	Danelle Hoffer
	(Typed or printed name of person signing)
	President
	(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. Siosplutions, 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: contact Information Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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