

PD4000055736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

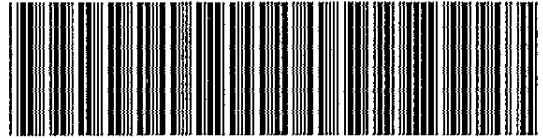
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06 JAN 27 AM 11:15
SECRETARY OF STATE
FALL ALABAMA, ALABAMA

ARTICLES OF DISSOLUTION

MEDMAILERS, INC.

I. The Name of the Corporation

The name of the Corporation which is to be dissolved is:

MEDMAILERS, INC.

II. Date Dissolution Authorized

The dissolution to be effective on the date of filing of these Articles of Dissolution. Was authorized by the Shareholders on January 26, 2006.____

III. Shareholder Approval

The shareholders of MEDMAILERS, INC., by unanimous consent pursuant to F. S. §607.0704, authorized the liquidation and dissolution of MEDMAILERS, INC. effective upon the filing of these Articles of Dissolution.



Zachary Wiseman

President *Zachary W*

Dated: ~~November~~ *January 26*, 2006

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:

Med Mailers, Inc.

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

P04000055136

THIRD: The date dissolution was authorized:

January 26, 2006

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

(voting group)

Signature:

Zachary D. Wiseman

(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)

Zachary D. Wiseman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA