

PO4000096798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

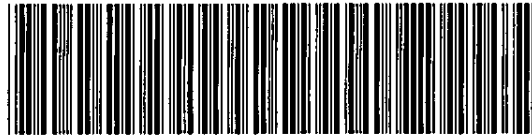
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600119100196

03/10/08--01029--005 **35.00

RECEIVED
08 MAR 10 AM 11:57
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 MAR 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss

G. Coulette MAR 10 2008

Charter Number Only

3/7/08 Sylvia

Dunkley & Associates

Requestor's Name

14100 Palmetto Fountains Rd #201

Address

Miami Lakes, FL 33016

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Baby Pharmacy, Inc

P040000 96798

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk-In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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:

BABY PHARMACY, INC

SECOND: The document number of the corporation (if known): P04000096798

THIRD: The date dissolution was authorized: 2/20/2008

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 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: X

(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 R MORALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
08 MAR 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA