## P06000026241

| (Requestor's Name)                      |   |
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| (Address)                               |   |
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| (Address)                               |   |
|   |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAI                        | L |
|   |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
|   |   |
| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer: |   |
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Office Use Only



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## **COVER LETTER**

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| <b>TO:</b> Amendment Section Division of Corporations   | •   |  |  |  |
|---|---|--|--|--|
| SUBJECT: MedCash Funding, Inc.  |   |  |  |  |
| DOCUMENT NUMBER: P06000026241  The enclosed Articles of Dissolution and fee are submitted for filing. |   |  |  |  |
|   |   |  |  |  |
| Ross Elgart   |   |  |  |  |
|   | Contact Person)   |  |  |  |
| (Firm/Company)  |   |  |  |  |
| 9858 Clint Moore Road, Suite C111-229   |   |  |  |  |
| (Address)   |   |  |  |  |
| Boca Raton, Florida 33496   | <b>)</b>  |  |  |  |
| (City/St  | ate and Zip Code)   |  |  |  |
| For further information concerning this ma  | atter, please call:   |  |  |  |
| Ross Elgart   | at (_888) 8   | 04-7336 x101<br>Daytime Telephone Number)  |  |  |
| (Name of Contact Person)  | (Area Code &  | 2 Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amo   | unt:  |  |  |  |
|   | \$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       | Ame<br>Divi<br>Clift  | EET ADDRESS: endment Section sion of Corporations on Building Executive Center Circle    |  |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Departm   | nent of State   |
|----------|---|---|
| rikoi:   |   | nem of State.   |
|          | MedCash Funding, Inc.   |   |
| SECOND:  | The document number of the corporation (if known): P06000020  |   |
| ГHIRD:   | The file date of the articles of incorporation: February 22, 20   | 06  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)  | O7<br>SEC   |
|          | None of the corporation's shares have been issued.  | JUL 30 MII: 35 JUL 30 MII: 35 AND AND STATE LANASSEE, FLORIDI |
|          | The corporation has not commenced business.   | O E D   |
| FIFTH:   | No debt of the corporation remains unpaid.  | II: 3!<br>LORID   |
| SIXTH:   | The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued.  | <i>-</i>  |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   |   |
|          | A majority of the incorporators authorized the dissolution.   |   |
|          | A majority of the directors authorized the dissolution.   |   |
| Sign     | (By a director, president or other officer - if directors or officers have not been selected, be in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | y an incorporator - if  |
|          | Ross Elgart   |   |
|          | (Typed or printed name of person signing)   |   |
|          | Director  |   |
|          | (Title of Person Signing)   | -   |

Filing Fee: \$35