P07000069985

(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:

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5.16.07

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FILED
2009 FEB 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2009

XIOMARA PAZOS
TECHNOLOGY MEDICAL EQUIPMENT, CORP.
7880 W. 20 AVENUE SUITE 28
HIALEAH, FL 33016

SUBJECT: TECHNOLOGY MEDICAL EQUIPMENT, CORP.
Ref. Number: P07000069985

We have received your document for TECHNOLOGY MEDICAL EQUIPMENT, CORP. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 209A00003505

RECEIVED
2009 FEB 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntarily dissolve the corporation

DOCUMENT NUMBER: P07000069985

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

Please return all correspondence concerning this matter to the following:

Xiomara Pazos
(Name of Contact Person)

Technology Medical Equipment, Corp
(Firm/Company)

7880 W 20 ave #28
(Address)

Hialeah, fl 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Xiomara Pazos at (305) 825-8761
(Name of Contact Person) (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

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 Department of State:
Technology Medical Equipment Corp

SECOND: The document number of the corporation (if known): P07000069985

THIRD: The file date of the articles of incorporation: 06-15-07

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TALLAHASSEE, FLORIDA

FOURTH: (CHECK AT LEAST ONE BOX)

☑ None of the corporation's shares have been issued.

☑ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☑ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: Xiomara Lazo

(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.)

Xiomara Lazos

(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.

Name of Corporation: Technology Medical Equipment Corp

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7880 W. 20 Ave #28
Hialeah, FL 33016

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.

Leonardo Pazos
Printed Name of the Person Filing

Leonardo Pazos
Signature of the Person Filing

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