

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000354077 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

DEC 1 4 2018

DISSOLUTION OR WITHDRAWAL TMD SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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	t of State	, .	
	TMD SERVICES INC		•	
SECOND:	The document number of the corporation (if known): PO7000	<u>.</u> ප්ර	010	
THIRD:	(5			
	Effective date of dissolution if applicable:			
FOURTH:	(no more than 90 days after dissolution (Adoption of Dissolution (CHECK ONE)	on file date)	ı	
	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.	z.		
	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	-	18	
	· · · · · · · · · · · · · · · · · · ·	: : <u>:</u>	EC I	
s	ignature. A Called		ILED	
	(By a director, president of 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)			
_	NANCY SUAREZ			
	(Typed or pyrited name of person signing) PRESIDENT	·		
_	(Title of person signing)			