

P07000106827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/12--01013--010 **35.00

FILED
12 MAR 29 PM 14
U.S. DISTRICT COURT
ATLANTA, GEORGIA

Valid is.

~~03-29-12~~

[Handwritten signature]

APR 2 2012

T. LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2012

JULIE CROCCO
MEDEX PLUS, INC
1314 E. LAS OLAS BLVD., #1301
FT. LAUDERDALE, FL 33301

SUBJECT: RECOVERY SOLUTIONS OF SOUTH FLORIDA, INC.
Ref. Number: P07000106827

We have received your document 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 412A00009123

← THE
PAPER I'M
RETURNING
LOOK LIKE ONE
COMPLETE PAPER
WORK FOR
DISSOLUTION
OF PROFIT
CORP.

Please call if
incorrect + explain
954 696 1121

RECEIVED

12 MAR 29 AM 8:10

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Recovery Solutions of South Florida, Inc Dissolution

DOCUMENT NUMBER: P07000106827

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

Please return all correspondence concerning this matter to the following:

Julie Crocco

(Name of Contact Person)

Medex Plus, Inc

(Firm/Company)

1314 E Las Olas Blvd, #1301

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Crocco

(Name of Contact Person)

at (954) 696-1121

(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 607.1403, 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:

Recovery Solutions of South Florida, Inc.

SECOND: The document number of the corporation (if known): P07000106827

THIRD: The date dissolution was authorized: 03/01/2012

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

Julie Crocco
(voting group)

Signature: _____

(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)

Julie Crocco

(Typed or printed name of person signing)

CEO / President

(Title of person signing)

Filing Fee: \$35

FILED
12 MAR 29 PM 4:14
STATE OF FLORIDA
CLERK OF CIRCUIT COURT
JULIE CROCCO