# P08000010797

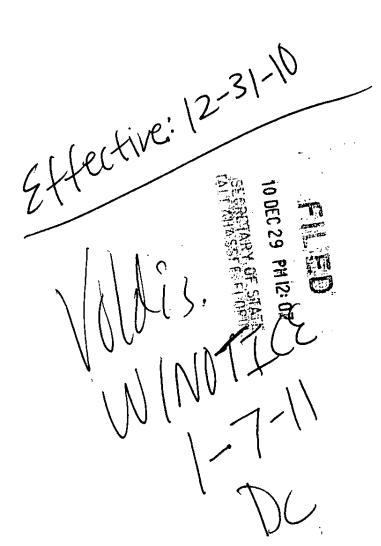
(Re	equestor's Name)	
(Ad	dress)	
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· ·		
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	•
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/29/10--01022--007 \*\*35.00



### **COVER LETTER**

**Division of Corporations** SUBJECT: GRUPO SM PHARMA CORP. DOCUMENT NUMBER: P08000010797 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL ORTIZ, ESQ. (Name of Contact Person) MICHAEL ORTIZ, P.A. (Firm/Company) 1430 S. DIXIE HIGHWAY, SUITE #321 (Address) CORAL GABLES, FL 33146 (City/State and Zip Code) For further information concerning this matter, please call: at ( 305 MICHAEL ORTIZ ր 665-5270 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy ' enclosed) (Additional copy is enclosed)

### **MAILING ADDRESS:**

**TO:** Amendment Section

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:			
	GRUPO SM PHARMA CORP.			
SECOND:	The document number of the corporation (if known): P08000010797			
THIRD:	The date dissolution was authorized: DECEMBER 23, 2010	_		
	Effective date of dissolution if applicable: DECEMBER 31, 2010  (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.	n		
	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)	100.1 100.1		
	Signature:			
•	(By a director, president or other officer of 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)			
	FRANCISCO APARICIO			
	(Typed or printed name of person signing)			
	VICE-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: GRUPO SM PHARMA CORP.		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .		
Description of information that must be included in a claim:		
1. Name of Creditor 2. Amount of Claim		
3. Does Claim bear interest		
4. Date of Claim		
5. Nature of Claim (e.g. for goods sold, services rendered, etc.)		
6. Any other information Creditor deems pertinent		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
c/o Michael Ortiz, Esq.		
Michael Ortiz, P.A.		
1430 S. Dixie Highway, #321		
Coral Gables, FL 33146		

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.

Michael Ortiz

Printed Name of the Person Filing

Signature of the Person Filing

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