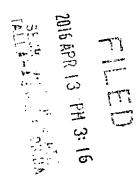
(Re	questor's Name)	
(Ad	dress)	<u>.,</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800284363608

04/13/16--01005--018 **35.00



AHDISS-With notice

APR 1 4 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations** Dissolution of Cynoxure, Inc. SUBJECT: P09000027257 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James W. Rogers (Name of Contact Person) (Firm/Company) 1746 Osprey Cv (Address) Niceville, FL 32578 (City/State and Zip Code) For further information concerning this matter, please call: James Rogers (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **STREET ADDRESS: MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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: Cynoxure, Inc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 3/31/2016	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v	vill
FOURTH:	not be listed as the document's effective date on the Department of State's records. 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	
	Board Board	ا ا ا دنوسو
	(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)	
	James W. Rogers	
	(Typed or printed name of person signing)	
	Persident	
	(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:			
Date of dissolution will be the date the dissolution is filed with the E specified in the Articles of Dissolution.	Department of State or as		
Description of information that must be included in a claim:			
Specific details of property claimed, including justification/proof of owner	ship.		
Mailing address where claims can be sent: (Claims cannot be sent to	the Division of Corporations)		
1746 Osprey Cv, Niceville, FL 32578			
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced		
James W. Rogers Jr.			
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