P090000 50740

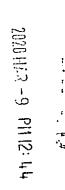
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

	station of Business		
	P09000050740		
DOCUMENT NU	JMBER:		
The enclosed Arti	cles of Dissolution and f	ee are submitted for filing	<u>3</u> .
Please return all co	orrespondence concerning	g this matter to the follow	ring:
SUSAN SIMS			
TRINITY INTERNA	(Name of ATIONAL PERFUSION SERV	Contact Person) /ICES	
4285 MYRTLE WA	•	n/Company)	
DELRAY BEACH,	·	ddress)	
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	
SUSAN SIMS		561-859-2281 at (
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
■ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2020 iii R - 9 PM 12: 44
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: TRINITY INTERNATIONAL PERFUSION SERVICES INC			
	P09000050740			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 03/31/2020			
	03/31/2020			
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date) Note: If the date invested in this block does not most the applicable attacks.			
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
S	Signature: Aus. J. A.			
~	(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)			
	Susan F. Sims (Typed or printed name of person signing)			
	Via President (Title of person signing)			
	TARREOLOGISTIND			

Filing Fee: \$35