P10000020278

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300191757663

01/21/11--01024--012 **35.00

FILED
2011 JAN 21 PH 1: 37
SECRETARY OF STATE

Di55

B 1-25-11

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Allicin Rx Coep
DOCUMENT NUMBER: \$100000 20278
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vingil N. Ulman (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
9401 N.W. 18 MANGE
(Firm/Company) 9401 N. N. 18 MANGE (Address) (Address) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 226-333 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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

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: Allian RX Wep.	
SECOND:	Plan 000 700 75	<u>}</u>
THIRD:	The date dissolution was authorized: 3/5//0	
	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.	tion
	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:	
	Signature: (Woting group) Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if iff the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	FILED
	(Typed or printed name of person signing)	
	res.	
	(Title of person signing)	

Filing Fee: \$35