

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
SAVE ON MEDS INC.
- SECOND: The document number of the corporation: P10000079621
- THIRD: The file date of the articles of incorporation: September 29, 2010
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LUIS CORCUERA DIRECTOR
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Aug 11, 2012
Secretary of State

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.

Name of Corporation:

SAVE ON MEDS INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE DIRECTORS AND SHAREHOLDERS WITH MAJORITY PARTICIPATION AGREE TO DISSOLVE THE CORPORATION AS OF 12/31/2011. ALSO ANY CONTRACT SIGNED WILL BE VOID ON 12/31/11 AND NO BUSINESS WILL BE DONE AFTER THIS DATE.

Mailing address where claims can be sent:

4420 5TH STREET WEST
BRADENTON, FL 34207 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LUIS CORCUERA

Electronic Signature of the Person Filing