

2/7/2015

P1000001122

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I200800000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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TALLAHASSEE, FLORIDA

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**DISSOLUTION OR WITHDRAWAL
MIAMI X RAYS CENTER INC**

Certificate of Status	1
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Page Count	01
Estimated Charge	\$43.75

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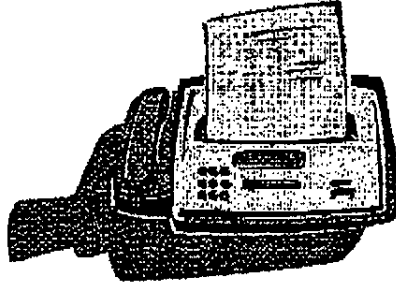
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502 67 001 2

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

TO:
DIVISION OF CORPORATION

FROM:
KIJOENNA SERVICES INC

Company:
Miami X. Rays Center Inc

DATE:
02/17/2015

Fax Number:
1-850-617-6380

Total # of Pages Including Cover:
3

Phone Number:
305-644-3055

Sender's Fax Number:
305-644-3052

RE:
Articles of Dissolution

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:

MIAMI X RAYS CENTER INC

SECOND: The document number of the corporation (if known): **P10000101122**

THIRD: The date dissolution was authorized: **02/17/2015**

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.

☐ 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)

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)

ENNA DIEPPA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

15 FEB 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED