P11000052109

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300240011143

dess with

300240011143 09/28/12--01028--005 **35.00

> PILLU 2012 SEP 28 AM II: 07 SECUL ARY OF STATE

10/3/12

COVER LETTER

Division of Corporations					
SUBJECT: VITAL TESTING LAB CORP DOCUMENT NUMBER: P11000052109 The enclosed Articles of Dissolution and fee are submitted for filing.					
			Please return all correspondence concerning this matter to the following:		
			FERES A YEBAILE CARRILLO (Name of Contact Person)		
	•				
(Firm/Company)					
1500 NW 79 AVENUE					
(Address)					
DORAL, FL 33126					
(City/State and Zip Cod	de)				
For further information concerning this matter, please call	f:				
FERES A YEBAILE CARILLO at (305) 822-0704 (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 Filin	opy Certificate of Status &				
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 Tallahassee, FL 32301				

FILED

ARTICLES OF DISSOLUTION SEP 28 AM 11:07

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the tollowing articles of dissolution:

TALLAHASSEE. FLORIBA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	VITAL TESTING LAB CORP
SECOND:	The document number of the corporation (if known): P11000052109
THIRD:	The date dissolution was authorized: 08/15/2012
	Effective date of dissolution <u>if applicable:</u> (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)
V	Signature: (By a director, president or other officer - if directors or officers have not been selected, by
	an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Feres A Yebaile Carrillo
	(Typed or printed name of person signing)
	PRES.
	(Title of parson 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: VITAL TESTING LAB CORP

Feres A Yebaile Carrillo

Printed Name of the Person Filing

Date of dissolution will be the date the specified in the Articles of Dissolution Description of information that must	
NAME OF CLAIMANT	
ADDRESS OF CLAIMAN	IT
TELEPHONE NUMBER	OF CLAIMANT
AMOUNT OF CLAIM	
DETAILED DESCRIPTION	ON OF CLAIM
Mailing address where claims can be	sent: (Claims cannot be sent to the Division of Corporations) ile Carrillo
1500 NW 79 /	AVENUE
DORAL, FL 3	3126
A claim against the above named corwithin 4 years after the filing of this	rporation will be barred unless a proceeding to enforce the claim is commenced notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00