## P11000056742

(Requestor's Name)	·
(Address)	
(Address)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/21/2021			
	Jennifer Bia	lowas		
Reference	#: <b>1423</b>	479		
Entity Nan	ne:	EUROFINS	VIRACOR, INC.	
	cles of Incorporation			
Am	endment			
Cha	ange of Agent			
☐ Rei	nstatement		File first	
Cor	nversion			
☐ Me	rger			
<b>✓</b> Dis	solution/Withdrawal			
Fic	titious Name			
<b>✓</b> Oth	ner	Upon filing plea	ise provide certified cop	<u>y</u>
Authorized Signature:	d Amount:	<del>125.00</del> 43.	75	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/21/2021			
	Jennifer Bia	alowas	_	
		3479	_	
		EUROFINS	VIRACOR, INC.	
☐ Arti	icles of Incorporatio	n/Authorization	to Transact Business	
Am	endment			
☐ Cha	ange of Agent			
☐ Rei	instatement		File first	
Co	nversion			
□ Ме	rger			
✓ Dis	solution/Withdrawa	I		
☐ Fic	titious Name			
<b>✓</b> Oth	ner	Upon filing plo	ease provide certified copy	
		/12	<b>3</b> (	
Authorized	d Amount:	125300 43	. 7 3	
Signature				

F: 800.944.6607



## 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:  EUROFINS VIRACOR, INC.					
SECOND:	The document number of the corporation (if known):	P11000056742				
THIRD:	The date dissolution was authorized:	7/1/2021				
	Effective date of dissolution if applicable:  (no more to the Mote: If the date inserted in this block does not meet the applicable not be listed as the document's effective date on the Department of the Depart					
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.					
	Michelle Altrich  Signature:  (By a director, president or other officer - if directors or officers an incorporator - if in the hands of a receiver, trustee, or other contact (that fiduciary)	SECRETARY OF STATE  have not been selected, by ourt appointed fiduciary, by				
	Michelle Altrich					
	(Typed or printed name of person signing)  President					
	(Title of person signing)					

Filing Fee: \$35