

NOV/09/2016/WED 12:19 PM

FAX No.

P. 001/002

11/9/2016

Division of Corporations

P11 000073476
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000276853 3)))



H160002768533ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
2016 NOV-9 AM 10:13
CLERK OF STATE
TAMM L. ALLEN

**DISSOLUTION OR WITHDRAWAL
CRUZ PHARMACY CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

10 NOV -9 AM 11:35

Electronic Filing Menu

Corporate Filing Menu

Help

11/14/16

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:
CRUZ PHARMACY CORP.

SECOND: The document number of the corporation (if known): P11000073476

THIRD: The date dissolution was authorized: 11/8/2016

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

ARLANE MOYA

(Typed or printed name of person signing)

PD

(Title of person signing)

FILED
2016 NOV - 9 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA