Page 1 of 1

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.

(((H11000292032 3)))



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 : FASTKIT CORP

Account Number : 120100000009 Phone : (305)599-0839

Fax Number

: (305)592-9591

DISSOLUTION OR WITHDRAWAL WYNWOOD COMMUNITY PHARMACY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

77 12/14

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 Floride Department of Star	29:		
	WYNWOOD COMMUNITY PHARMACY INC.			
SECOND:	The document number of the corporation (if known): P11000093730	<u>.</u>	•	
THIRD:	The date dissolution was authorized: 12-12-11	Ar.		
	Effective date of dissolution if applicable:	A PORT		
	(no more than 90 days after dissolution file da		<u>ت</u> ت	
FOURTH:	Adoption of Dissolution (CHECK ONE)	#i≤: 	P IT	
	Dissolution was approved by the shareholders. The number of votes cast for dispression was sufficient for approval.	ggjurion Till G	ာ ၁	
	Dissolution was approved by the shareholders through voting groups.	٠		
	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)	•		
	lack			
	Signature: Later 186			
·	(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)			
	SHEYLA RODRIGUEZ			
•	(Typed or printed name of person signing)			
	DIRECTOR/PRESIDENT			
•	(Title of person signing)			