

P1200000 5685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

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01/04/17--01015--003 **43.75

S. TALLENT

JAN 11 2017

v/dw/notice

FILED
17 JAN -4 AM 8:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DERMA-GEN, INC.

DOCUMENT NUMBER: P12000005685

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry M. Roth

(Name of Contact Person)

Rumberger, Kirk & Caldwell

(Firm/Company)

300 South Orange Avenue, Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry S. Roth

(Name of Contact Person)

at (407) 323-1887

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

(Add'l copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status

Certified Copy
(Add'l copy is enclosed)

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profits corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Florida Department of State:

DERMA-GEN, INC.

SECOND: The document number of the corporation (if known): P12000005685

THIRD: The date dissolution was authorized: November 1, 2016

Effective date of dissolution if applicable: December 31, 2016

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 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 receiver, trustee, or other court appointed fiduciary, by that
fiduciary)

Jerry S. Roth

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
17 JAN -4 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35.00

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. 507.1407, F.S.

This "**Notice of Corporation Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: DERMA-GEN, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

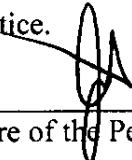
- (1) Name of Claimant:
- (2) Address of Claimant:
- (3) Telephone No.:
- (4) Social Security No. of Claimant:
- (5) Date of Birth of Claimant:
- (6) Nature of Claim being asserted:
- (7) The amount being sought in claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Larry M. Roth
Rumberger, Kirk & Caldwell
300 South Orange Avenue, Suite 1400
Orlando, FL 32801

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jerry S. Roth
Printed Name of the Person Filing


Signature of the Person Filing

Dated: _____

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