P12-00006936

(Reque	estor's Name)	
(Addres	ss)	
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(City/Si	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docun	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	
		:

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2013

ERNESTO ALVAREZ O.M.G PHARMACY DISCOUNT INC 7305 NW 36 STREET MIAMI, FL 33165

SUBJECT: O.M.G PHARMACY DISCOUNT INC

Ref. Number: P12000006936

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

`Darlene Connell Regulatory Specialist II

Letter Number: 513A00022181

COVER LETTER

Division of Corporations
SUBJECT: O.M.G. PHARMACIGE DISCOUNT INC
DOCUMENT NUMBER: P12000006936.
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cenesto Alvanez
(Name of Contact Person)
O.M.G. Pharmacia Discount INC (FirmCompany)
(Firm Company)
17821 NW 79 DUR (Address)
(Address) (Address) (Buslash C 3301V
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (796) 357-3623 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\text{Certified Copy}\$ (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	OMG. Pharmacy Discount INC
SECOND:	OM.G. Pharmacy Discount INC The document number of the corporation (if known): P12000006936
THIRD:	The file date of the articles of incorporation: $01-20-2012$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors admorated the dissolution.
Signa	(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.) ERNOS TO ALVAREZ (Typed or printed name of person signing)
	(Title of Person Signing)
	\cdot

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

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

Name of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: OMG, PHARMSY DISCOUNT BUC

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:

May N, 2013

Specified Bu Articles of Dissolution.

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

17821 NW 79 SUL

Halash Fl 33017

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.

Envesto Alvanez

Signature of the Person Filing

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