

P12000022860

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.

((H12000249662 3)))



H120002496623ABC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

**DISSOLUTION OR WITHDRAWAL
FE PHARMACY CORP**

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

RECEIVED

12 OCT 15 AM 8:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 OCT 15 AM 10:12
SERIALS UNIT
TALLAHASSEE, FLORIDA

OCT 16 2012

Electronic Filing Menu

Corporate Filing Menu

MUSTAIN Help

FILED

H12000249662

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:

FE PHARMACY CORP

SECOND: The document number of the corporation (if known): P12000022860

THIRD: The date dissolution was authorized: 10-15-12

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

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)

Mayte Rodriguez
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

H12000249662

FILED
12 OCT 15 AM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA