P12000061538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLVE Corp - MEDICAL SERVICE MANAGEMENT INCORP.

DOCUMENT NUMBER: P12000061538

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

Please return all correspondence concerning this matter to the following:

CAROLINE DA SILVA
(Name of Contact Person)

MEDICAL SERVICE MANAGEMENT INCORPORATED
(Firm/Company)

293 SUNSET KEY DR
(Address)

KEY WEST, FL 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE DA SILVA at (386) 262-2452
(Name of Contact Person) (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 (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional 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 profit corporation submits the following articles of dissolution:

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

MEDICAL SERVICE MANAGEMENT INCORPORATED

SECOND: The document number of the corporation (if known): P12000061538

THIRD: The date dissolution was authorized: 8/31/13

Effective date of dissolution if applicable: 8/31/13
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: x Caroline Da Silva
(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)

CAROLINE DA SILVA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: $35