FILED
Aug 26, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

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

FLORIDA KEYS AMBULANCE SERVICE, INC.

SECOND: The document number of the corporation: P12000067895

THIRD: The file date of the articles of incorporation: August 6, 2012

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: EDWARD F BONILLA CEO

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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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. 607.1407, F.S.

Name of Corporation:

FLORIDA KEYS AMBULANCE SERVICE, 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:

THIS CORPORATION IS BEING DISSOLVED VOLUNTARILY AND WILL NO LONGER BE RESPONSIBLE FOR ANY PAST, PRESENT OR FUTURE CLAIMS AGAINST SUCH COMPANY AND ITS OFFICERS. THIS COMPANY WILL NO LONGER BE ACTIVE AND WILL NOT ANSWER TO ANY CLAIMS FILED.

Mailing address where claims can be sent:

P.O. BOX 1259
TAVERNIER, FL 33070 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: EDWARD F BONILLA

Electronic Signature of the Person Filing