

P12000089857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

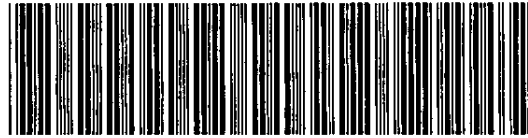
MAIL

(Business Entity Name)

(Document Number)

Certified Copies       

Certificates of Status       



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08/08/13--01016--002 \*\*43.75

FILED  
13 AUG - 8 PM 14 47  
SECRETARY OF STATE  
MILWAUKEE, WISCONSIN

Special Instructions to Filing Officer:

Alina Perez gave permission to file 607,1401 only since she sent both form complete.

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEWCORE MEDICAL, INC. DISSOLUTION

**DOCUMENT NUMBER:** P12000089857

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

Please return all correspondence concerning this matter to the following:

ALINA CHOY PEREZ

(Name of Contact Person)

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(Firm/Company)

8307 SW 142 Avenue, # F-307

(Address)

MIAMI, FLORIDA 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

ALINA CHOY PEREZ

at (305) 772-3474

(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 607.1401, 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: NEWCORE MEDICAL, INC.

SECOND: The document number of the corporation (if known): P12000089857

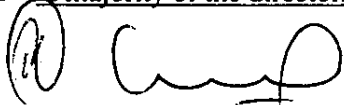
THIRD: The file date of the articles of incorporation: 10-25-2012

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: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)  
 A majority of the incorporators authorized the dissolution.  
 A majority of the directors authorized the dissolution.

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)

ALINA CHOY PEREZ  
(Typed or printed name of person signing)

OFFICER AND DIRECTOR  
(Title of Person Signing)

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)

RAIKO I. OLIVERA  
(Typed or printed name of person signing)

OFFICER AND DIRECTOR  
(Title of Person Signing)

Filing Fee: \$35

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SECRETARY OF STATE  
TALLAHASSEE, FL

The above information is true and correct to the best of my knowledge and belief.

Date: 7/18/13

Signature: Castaneira

State of: Florida

County of: Miami Dade

Sworn before me this July 18<sup>th</sup> day 2013

My Commission expires:



**Notary Public**

*"Any person who, knowingly, and with intent to injure, defraud, or deceive any insurance company, files statements of claim containing any false, incomplete, or misleading information, is guilty of a felony of third degree" F.S. 817,234*