P/300006/0/2

(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

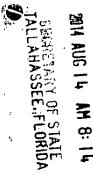
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2013

Veronica Maneiro Hermoso Veronica Wholesale Medical Supply 7168 SW 47 Ave. Miami, FL 33155

SUBJECT: VERONICA WHOLESALE MEDICAL SUPPLY INC

Ref. Number: P13000061012

We have received your document for VERONICA WHOLESALE MEDICAL SUPPLY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only ONE box under adoption of dissolution on the first page of the dissolution form.

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.

Letter Number: 813A00022205

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

PHONE NO. : 3058198878

Aug. 09 2014 03:28PM P1

Att-Annette

COVER LETTER

TO: Amendment Section Division of Corporations

FAX- 850-245-6897

SUBJECT: Articles Of Dissolution

DOCUMENT NUMBER: P13000061012

The enclosed Articles of Dissolution and fcc are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Maneiro-Hermoso

(Name of Contact Person)

Veronica Wholesale Medical Supply Inc

(Firm/Company)

5265 NW 112 Ave- Unit 106

(Address)

Doral, FI 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Veronica Maneiro-Hermoso at (305) 926-0929

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ALReady

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Certified Copy

Certificate of Status &

Certificate of Status

(Additional copy is

Certified Copy

enclosed)

(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

PHONE NO.: 3058198878

Aug. 09 2014 03:29PM P2

ATT- Annetle

FILED

ARTICLES OF DISSOLUTION

2014 AUG 14 AM 8: 14.

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following HASSEE, FLORIDA articles of dissolution:

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

Veronica Wholesale Medical Supply Inc

SECOND: The document number of the corporation (if known): P13000061012

THIRD: The file date of the articles of incorporation: 07/19/2013

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 officer, have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Veronica Maneiro-Hermoso

(Typed or printed name of person signing)

President

Filing Fee: \$35

state

cashed

Pg 2