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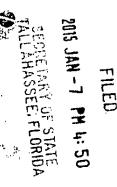
| (F | Requestor's Name) | |
|-------------------------|------------------------|----------|
| (A) | Address) | |
| (A | Address) | |
| (0 | City/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name |) |
| (C | Oocument Number) | <u> </u> |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | o Filing Officer: | |
| | | |
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations |
|---|
| SUBJECT: Dissolution of Corp. |
| DOCUMENT NUMBER: 46 3402202 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Joanie Paiement |
| (Name of Contact Person) |
| Kad Diagnostics Inc |
| (Firm/Company) |
| 3351 S. Yalm Aire Dr. |
| (Address) |
| rompano 15ch FL 33069 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Joanie Paiement at (954) 708-5833 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\Bigsim \text{\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)}\$\$\$\$\$\$\$\$ \$\Box\$ |
| MAILING ADDRESS: STREET ADDRESS: |
| Amendment Section Amendment Section |
| Division of Corporations Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTIONED

2015 JAN -7 PM 4: 50

Pursuant to section 617.1401, Florida Statutes, this Florida notifor profit corporation submits the following Articles of Dissolution:

TALLAHASSEE. FLORIDA

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|--|
| SECOND: | The document number of the corporation (if known): |
| THIRD: | The file date of the articles of incorporation: 8.1.13 |
| FOURTH | The corporation has not commenced to conduct its affairs. |
| FIFTH: | No debts of the corporation remains unpaid. |
| SIXTH: | Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) |
| | The dissolution was authorized by a majority of the directors: OR |
| | ☐ The dissolution was authorized by an incorporator. |
| | ☐ The dissolution was authorized by a majority of the incorporators. |
| Signa | (By the chairman or vice chairman of the board, president or other officer- if directors have not been effected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) |
| | (Title of person signing) |

Filing Fee: \$35

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Corporation: Kadd Diagnostics 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: |
| Closing at the Buisness as of Jan 1, 2015 |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 3351 S. Palm Aire Dr |
| Pompano Boh, FL. 33069 |
| |
| |
| |

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.

Printed Name of the Person Filing

Signature of the Person Filing