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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Con	mpany - Sharma :	and Sons Veterinary Medical I	inc	<u>. </u>	
DOCUMENT NUMBER:	P14000022702				
The enclosed Articles of Di	ssolution and	fee are submitted for filir	ng.		
Please return all corresponde	ence concernir	ng this matter to the follow	wing:		
Michele Pemberton Williams					
	(Name of	Contact Person)			
Absolute Accounting and Busines	ss Solutions, Inc				
	(Fir	m/Company)			
4801 S University Drive Suite 27	2				
	(A	Address)	ALI	55	
Davie, FL 33328				AUG 2	
	(City/St	ate and Zip Code)	दूर्व के के कि	<u></u>	1
For further information cond	cerning this ma	atter, please call:		P# 4: 19	i de la companya de l
Michele Pemberton Williams		at (⁷⁵⁴⁻³⁰⁰⁻⁹⁷⁴⁰	4.*		
(Name of Contact	Person)	(Area Code)	(Daytime Telephone	e Num	ber)
Enclosed is a check for the f	ollowing amo	unt:			
\$35 Filing Fee \$43.75 Certific	5 Filing Fee & cate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fe Certificate of Star Certified Copy (Additional copy enclosed)	tus &	
MAILING ADDRESS	S:	STR	EET ADDRESS:		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

RICK SCOTT Governor

KEN DETZNER
Secretary of State

July 31, 2015

Michele Pemberton Williams Absolute Accounting and Business Solutions, Inc. 4801 S. University Drive, Suite 272 Davie, FL 33328

SUBJECTS: Sharma and Sons Orthopedics, Inc. P14000023412

Sharma and Sons Veterinary Medical Inc. P14000022702

Sharma and Sons Enterprise, Inc. P13000016126 American Veterinary Implants Inc. P13000059516

We have received your documents for the four listed entities above and your check for \$140.00. However, the enclosed documents and check have not been filed and are being returned to you for the following.

First of all please verify that you have each application completed for the proper corporation and have the proper information on the proper application.

Second you have completed forms for Florida Statutes 607.1401 and 607.1403. You must decide which section you want to file under. You cannot file under both.

Please return your documents and check, along with a copy of this letter, within 60 days or your filings will be considered abandoned.

If you have any questions concerning the filing of your documents, please call (850) 245-6913.

Diane Cushing Senior Section Administrator

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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:					
	Sharma and Sons Enterprises Inc Sharma and Veterinary Medical Inc.					
SECOND:	P14000022702					
THIRD:	The date dissolution was authorized: 07/20/2015					
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)					
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
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)					
	Signature: 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)					
	Anandkumar Sharma					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					