Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL K P PHARMACY CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

lectronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles:	:S
FIRST:	The name of the corporation as currently filed with the Florida Department of State: K P Pharmacy Corp	
SECOND:	The document number of the corporation (if known): P14000034815	
THIRD:	The date dissolution was authorized: 03-23-15	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	1
	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:	35
	to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by	CRETARY D
	(voting group)	PORATION
	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)	
	Elizarde Galan Maykel Seriocha (Typed or printed name of person signing)	
	President (Title of person signing)	

Filing Fee: \$35