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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL MAXI PHARMACY DISCOUNT CORP

0	Certificate of Status
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H16000190227

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Fiorida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of	State:	-		
	MAXI PHARMACY DISCOUNT The document number of the corporation (if known): P140000		04		
SECOND:	The document number of the corporation (if known): PIYOODO	561	XZ		
THIRD:	The date dissolution was authorized: 8-4-16				
	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 i was sufficient for approval.	or disso	lution		
	☐ 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				
		<u>ت</u> ن	25		
	(voting group)	5	Sacrasakes Sacrasakes Sacrasakes		
	- 100 mm -	1 24	10 m		
	Signature:	· · · · · · · · · · · · · · · · · · ·	Salania and American		
	(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)	் ச			
	A/EJANDRO MENA				
•	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35