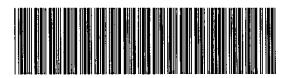
P15000081171

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	m e)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: _ AC FIRST AID, INC P15000081171 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SIGITAS ZICKEVICIUS (Name of Contact Person) AC FIRST AID, INC (Firm/Company) 248 THREE ISLANDS BLVD APT 201 (Address) HALLANDALE BEACH, FL, 33009 (City/State and Zip Code) For further information concerning this matter, please call: SIGITAS ZICKEVICIUS (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

FILLED SECRETARY OF STATE THYISION OF CORPORATION

ARTICLES OF DISSOLUTION

2016 AUG -8 PM 2: 17

Pursuant to section 607.1401, 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: AC FIRST AID, INC		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation: 10/01/2015		
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.		
Sign	nature:		
•	(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, of other court appointed fiduciary, by that fiduciary.)		
	SIGITAS ZICKEVICIUS		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

FILED SECRETARY OF STATE SIVISION OF CORPORATION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims 2: 17 against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. AC FIRST AID, INC Name of Corporation: 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: THE COMPANY IS NO LONGER IN BUSINESS Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 248 THREE ISLANDS BLVD, APT 201 HALLANDALE BEACH, FL, 33009 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

SIGITAS ZICKEVICIUS

Printed Name of the Person Filing