

R. WHITE  
JAN 07 2003

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LENOVA MEDICAL SERVICES CORP

**DOCUMENT NUMBER:** P16000009752

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOBSE I LEBRON

(Name of Contact Person)

LENOVA MEDICAL SERVICES CORP

(Firm/Company)

205 NEWBURY PL N

(Address)

ST. PETERSBURG, FL. 33716

(City/State and Zip Code)

For further information concerning this matter, please call:

JOBSE I LEBRON

(Name of Contact Person)

787-466-8190

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## 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:

LENOVA MEDICAL SERVICES CORP

SECOND: The document number of the corporation (if known): P16000009752

THIRD: The date dissolution was authorized: 12/18/2018

Effective date of dissolution if applicable: 12/31/2018

(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:

(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)

JOBSE I LEBRON

(Typed or printed name of person signing)

PRESIDENT & DIRECTOR

(Title of person signing)

FILED  
2018 DEC 26 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

**JOINT ACTION BY WRITTEN CONSENT OF THE  
MEMBERS AND DIRECTORS OF  
LENOVA MEDICAL SERVICES CORP.**

The undersigned, constituting the sole owner of the issued and outstanding capital stock of the corporation, and the sole stockholder of the Board of Director of **LENOVA MEDICAL SERVICES CORP.**, a Corporation organized and existing under the laws of the State of Florida, does hereby take the following action by unanimous written consent, pursuant to the provisions of Section 608.441, Florida Statute:

RESOLVED, that the following plan of liquidation in compliance with Section 331 of the Internal Revenue Code of 1986, as amended, be and hereby is adopted:

FIRST, that in the judgment of the sole Stockholder of the Board of Directors, of the company, it is deemed advisable and in the best interest of the company and its stockholders that the company should be liquidated; that a plan of complete liquidation consistent with the provisions of Section 331 of the Internal Revenue Code of 1986, as amended, be formulated to effect such liquidation in accordance with the terms hereinafter set forth in this resolution; provided, however, that notwithstanding any thing else herein contained to the contrary, the appropriate officers of the company authorized and hereby directed to set aside such cash money as they in good faith shall deem advisable and reasonable to pay any unascertained or contingent liabilities and expenses of the company.

SECOND, that the proper officers of the company be and are hereby authorized to distribute, transfer, deed and/or assign to the company's sole member in return for all of the issued and outstanding capital stock of the limited liability company all of the properties of the limited liability company which in their judgment should be liquidated in order to facilitate the complete liquidation of the company.


Joint Action by Written Consent of the  
Stockholders and Board of Directors of  
**LENOVA MEDICAL SERVICES CORP.**

Page Two


THIRD, that the actions provided for herein above, providing for the complete liquidation of the limited liability company and the distribution of its assets, be commenced as soon as practicable, but in no event shall such liquidation take place later than DECEMBER 18, 2018.

IN WITNESS WHEREOF, we have executed this Joint Action by Written Consent this 18th.day of DECEMBER , 2018.

Director

  
\_\_\_\_\_  
JOBSE I LEBRON  
\_\_\_\_\_  
\_\_\_\_\_

Stockholders

  
\_\_\_\_\_  
JOBSE I LEBRON  
\_\_\_\_\_  
\_\_\_\_\_

Percentage

100.0%