

P16000017768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

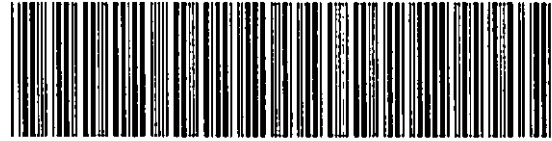
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUALITY MEDICAL LINE, INC

**DOCUMENT NUMBER:** P16000017768

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

Please return all correspondence concerning this matter to the following:

ELIAS CORREA MENENDEZ, ESQ.

(Name of Contact Person)

TREMBLY LAW FIRM.

(Firm/Company)

9700 SOUTH DIXIE HIGHWAY, SUITE 680

(Address)

MIAMI, FLORIDA 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIAS CORREA MENENDEZ, ESQ.

at ( (305) 431-5678

(Name of Contact Person)

(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:
QUALITY MEDICAL LINE, INC

SECOND: The document number of the corporation (if known): P16000017768

THIRD: The date dissolution was authorized: SEPTEMBER 25, 2017

Effective date of dissolution if applicable: (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)

- Checked box: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Unchecked box: 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

UNANIMOUS VOTE OF ALL SHAREHOLDERS
(voting group)

Signature: [Handwritten 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)

HUMBERTO SILVA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

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TALLAHASSEE FLORIDA

**CORPORATE RESOLUTION OF  
QUALITY MEDICAL LINE INC  
A FLORIDA PROFIT CORPORATION**

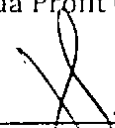
The undersigned as the Director of QUALITY MEDICAL LINE INC a corporation organized and existing under the laws of Florida (the "**Company**"), hereby certify that after a meeting of the Shareholders of said Company at which time all Shareholders were present and voted, the following resolution was unanimously adopted on September 27, 2017:

RESOLVED, that the Company shall be immediately dissolved and liquidated, and it is hereby further:

RESOLVED, that the Officers and Directors of this Company be, and are hereby authorized and directed to take such action and to make, execute, deliver, and file on behalf of this Company any document or instruments as may be necessary or desirable to carry out the intent and purposes of the foregoing resolution; and it is hereby further:

APPROVED, as of September 27, 2017.

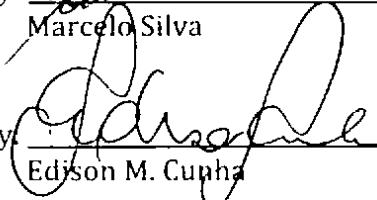
QUALITY MEDICAL LINE INC. a  
Florida Profit Corporation

By:   
Humberto Silva

Date: 24/09/17.

By:   
Marcelo Silva

Date: 09/27/17

By:   
Edison M. Cunha

Date: 10/11/17