

P16000043039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

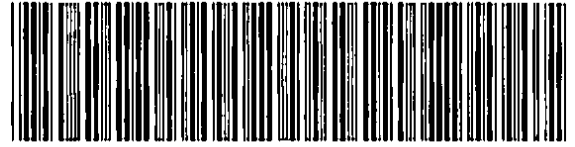
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/16/18--01029--022 \*\*55.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 12 AM 10:46

dis. w/notice

FEB 26 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mechanical circulatory support Institute Inc.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Makdisi

(Name of Person)

Mechanical circulatory support institute inc.

(Firm/Company)

2429 San Milano Pl

(Address)

Lexington, KY 40509

(City/State and Zip Code)

For further information concerning this matter, please call:

George Makdisi

(Name of Person)

at ( 718 ) 986-1355

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 FEB 12 AM 10:46



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2018

GEORGE MAKDISKI  
MECHANICAL CIRCULATORY SUPPORT INSTITUTE  
2429 SAN MILANO PL  
LEXINGTON, KY 40509

SUBJECT: MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC.  
Ref. Number: P16000043039

We have received your document for MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 218A00022008

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2018 DEC 12 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2018

GEORGE MAKDISKI  
MECHANICAL CIRCULATORY SUPPORT INSTITUTE  
2429 SAN MILANO PL  
LEXINGTON, KY 40509

SUBJECT: MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC.  
Ref. Number: P16000043039

We have received your document for MECHANICAL CIRCULATORY SUPPORT INSTITUTE INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain description of information for claims. The attached check is not needed because we already have money on file for this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 818A00025643

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2019 FEB 12 PM 1:03  
SECRETARY'S OFFICE  
TALLAHASSEE, FL

## ARTICLES OF DISSOLUTION

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:

Mechanical Circulatory Support institute inc.

SECOND: The document number of the corporation (if known): P1600043039

THIRD: The file date of the articles of incorporation: \_\_\_\_\_

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.

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.)

George Makdisi

(Typed or printed name of person signing)

CEO / owner

(Title of Person Signing)

FILED  
19 FEB 12 AM 10:46  
CLERK OF STATE  
DIVISION OF CORPORATIONS

Filing Fee: \$35

**Filing Fee: \$35**

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims 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.

Name of Corporation: Mechanical circulatory support Institute Inc.

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:

All claims must be presented in writing and must contain sufficient information reasonably to inform the corporation  
of the identity of the claimant and the substance of the claim.

All claims against the assets of the mechanical circulatory support institute inc. must be made in writing and include  
the claim amount.

All claims must be supported with documentation to prove the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2429 San Milano Pl

Lexington, KY 40509

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.

George Makdisi

Printed Name of the Person Filing

  
Signature of the Person Filing

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