# P168888 43514

(Req	uestor's Name)	
(Addı	ess)	
lbbA)	ess)	
(City/	State/Zip/Phone	<del>&gt; #)</del>
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	31 31 31
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

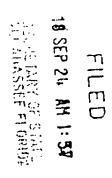
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Revolution pressolution

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	, Inc.	<del></del>
DOCUMENT NUMBER: P16000043514		
The enclosed Articles of Revocation of Dissolu	tion and fee are submitted f	or tiling.
Please return all correspondence concerning this	matter to the following:	
Jeb Branham		
Name of	Contact Person	
Jeb T. Branham, P.A.		
Firm	v/Company	
419 3rd Street North		
	Address	<del></del>
Jacksonville Beach, Florida 32250		
City/Stat	e and Zip Code	
pamela.andreatta1(i)gmail.com		V
E-mail address: (to be used for	or future annual report notification	on)
For further information concerning this matter.	please call:	
Jeb Branham	904 339-0500 At ( )	1
Name of Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for the following amount:		
■ \$35 Filing Fee U \$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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is:  METRICS MEDICUS, INCORPORATED  The name of the corporation is:	
SECOND:	The document number of the corporation (if known) is P16000043514	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolu	ution
	filed with the Florida Department of State is 7/30/2018.  Note: If the date inserted in this block does not meet the applicable statutory filing requinot be listed as the document's effective date on the Department of State's records.	rements, this date will
FOURTH:	The Revocation of Dissolution was authorized on September 20, 2018	<u>.</u>
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	<ul> <li>The board of directors revoked the dissolution.</li> <li>The incorporators revoked the dissolution.</li> <li>The board of directors revoked the dissolution authorized by the sharehor revocation was permitted by action by the board of directors alone pursuauthorization.</li> <li>The shareholders revoked the dissolution and the number of votes east vapproval.</li> <li>The shareholders revoked the dissolution by voting groups - the number</li> </ul>	was sufficient for
	was sufficient for approval.	
SIXTH:	(Voting group) A copy of the Articles of Dissolution is attached.	SEP T
	Signature  Paralle Andreatta  (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  Pamela Andreatta  (Typed or printed name of person signing)	24 M : 57 Nev of Spring Asser Flavor
	Director	
	(Take of person signing)	

#### FILED Jul 30, 2018 Secretary of State

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

METRICS MEDICUS, INCORPORATED

SECOND: The document number of the corporation: P16000043514

THIRD: The date dissolution was authorized: June 30, 2018

Effective date of dissolution: July 30, 2018

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: PAMELA ANDREATTA OFFICER, REGISTERED AGENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

#### FILED Jul 30, 2018 Secretary of State

## **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.

Name of Corporation:

METRICS MEDICUS, INCORPORATED

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:

COMPANY DOES NOT HAVE SUFFICIENT ASSETS TO REMAIN ACTIVE.

Mailing address where claims can be sent:

1650 MARGARET STREET 302-314 JACKSONVILLE, FL 32204

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: PAMELA ANDREATTA

Electronic Signature of the Person Filing