

P17000002539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

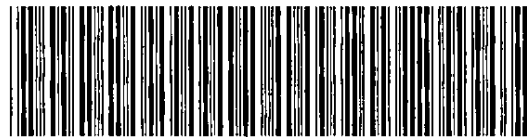
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2017 JUN 23 PM 2:03
S. L. G. & M. L. G.

C. GOLDEN

JUN 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VM HOSPITAL SOLUTIONS INC

DOCUMENT NUMBER: P17000002539

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

Please return all correspondence concerning this matter to the following:

MONA MONTANINO

(Name of Contact Person)

(Firm/Company)

100 NE 6TH STREET UNIT# 601

(Address)

BOYNTON BEACH, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

MONA MONTANINO

(Name of Contact Person)

at (561)

578-7799

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

MONA MONTANINO
100 NE 6TH STREET
UNIT #601
BOYNTON BEACH, FL 33435

SUBJECT: VM HOSPITAL SOLUTIONS INC
Ref. Number: P17000002539

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6052.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00011169

17 JUN 23 2:11:33 PM

ARTICLES OF DISSOLUTION

FILED

2017 JUN 23 PM 2:03

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

ALL FLORIDA
\$35

FIRST: The name of the corporation as currently filed with the Florida Department of State:
VM HOSPITAL SOLUTIONS INC

SECOND: The document number of the corporation (if known): P17000002539

THIRD: The file date of the articles of incorporation: 1/6/2017

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: _____

Mona Montanino

(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.)

MONA MONTANINO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35