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COVER LETTER

TO: Amendment Section Division of Corporations

for protit corporation Artide of Jissolution SUBJECT: **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Sava <u>HIJErmari</u> (Name of Contact Person) Idermolly Herprises (Firm/Company 2506 SE 17th (Address) Ocala, Fl. 344 (City/State and Zip Code For further information concerning this matter, please call: 352- 875-5799 Cell _____at (352) 351- 3330 pharmice (Area Code & Daytime Telephone Nur (Name of Contact Person)

Enclosed is a check for the following amount:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

enclosed)

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:

F18000011648 effective date 2.1-18 Vissolution late 12.31-21 The document number of the corporation (if known):_ SECOND: The file date of the articles of incorporation: _ THIRD: None of the corporation's shares have been issued. FOURTH:

- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators or 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.) \sim

yped or printed name of person signing)

wher

(Title of Person Signing)

Filing Fee: \$35