

# P18000048545

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000183986 3)))



H220001839863ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL  
MEDISTE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
2022 MAY 24 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 MAY 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*Volun-  
Diss.*

MAY 25 2022

D CONNELL

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit: the following articles of dissolution:

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

MEDiste Corp

SECOND: The document number of the corporation (if known): P18000048545

THIRD: The date dissolution was authorized: 5-24-22

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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 \_\_\_\_\_

(voting group)

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)

MARITZA AROCHE

(Typed or printed name of person signing)

OWNER / PRESIDENT

(Title of person signing)

FILED  
2022 MAY 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA