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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

2020 JUL 29 AM 10:25

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REVOCATION OF DISSOLUTION  
LIFE LINE MEDICAL GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	0.4
Estimated Charge	\$35.00

Rev/Diss

JUL 29 2020

ALBRITTON

## 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: Life Line Medical  
Group Inc.

SECOND: The document number of the corporation (if known) is P190000072961

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 05/21/20

FOURTH: The Revocation of Dissolution was authorized on 7-20-20

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

BRANDY GUZMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

2020 JUL 23 AM 10:25

FILED  
May 21, 2020  
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:

LIFE LINE MEDICAL GROUP 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:

CORPORATION HAS NOT DONE ANY BUSINESS AND WILL NOT DO ANY BUSINESS.

Mailing address where claims can be sent:

7750 NW 175 ST  
HIALEAH, FL 33015 UN

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: BRANDY GUZMAN

\_\_\_\_\_  
Electronic Signature of the Person Filing

FILED  
May 21, 2020  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  
LIFE LINE MEDICAL GROUP INC
- SECOND: The document number of the corporation: P19000072961
- THIRD: The file date of the articles of incorporation: September 19, 2019
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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: BRANDY GUZMAN

PRESIDENT

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