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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Ö

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL LEMA MEDICAL GROUP INC.

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
	LEMA MEDICAL GROUP INC.
SECOND:	The document number of the corporation (if known): P20900015157
THIRD:	The date dissolution was authorized: 1/14/202/
	Effective date of dissolution if applicable: ///202/
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
	The number of votes cast for dissolution was sufficient for approval by
	(voting group) SET STATE PM 8: 25
S	(By a director, president or other officer - if directors or officers have not been selec ed, by
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
_	JONGE LEMA RODRIGUÉZ
	(Typed or printed name of person signing)
-	(Title of person signing)