P21000084362

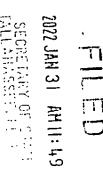
| (5) | |
|---|--|
| (Requestor's Name) | |
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| J. HORNE | |
| | |
| FEB 1 4 2022 | |
| | |
| | |

Office Use Only



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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

| TO: Amendment Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: Dissolution For-Profit Corporatio | n: UTILITY MEDICAL INC. |
| DOCUMENT NUMBER: P21000084362 | |
| | <u> </u> |
| The enclosed Articles of Dissolution and | fee are submitted for filing. |
| Please return all correspondence concerni | ng this matter to the following: |
| Chanda Danis | |
| (Name o | f Contact Person) |
| Edwards & Edwards PA | |
| (Fi | rm/Company) |
| 6620 Southpoint Dr S, Suite 200 | |
| (, | Address) |
| Jacksonville, FL 32216 | |
| (City/S | tate and Zip Code) |
| For further information concerning this m | atter, please call: |
| Chanda Danis | at (222-0829 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amo | ount: |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | |
| Mailing Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FILED

ARTICLES OF DISSOLUTION

2022 JAN 31 AM 11:49

SECRETARY OF STATE Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the fallowing EF. Fig. 1. articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: UTILITY MEDICAL INC. | | |
|---------|--|--|--|
| SECOND: | The document number of the corporation (if known): | | |
| THIRD: | The file date of the articles of incorporation: 9/24/2021 | | |
| 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 to the shareholders, if shares were issued. | | |
| SEVENTH | : A majority of the incorporators or directors authorized the dissolution. | | |
| Sim | nature: Timothy P. Loughran | | |
| Sigi | (By a diference of the first of | | |
| | TIMOTHY P LOUGHRAN | | |
| | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of Person Signing) | | |

Filing Fee: \$35

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ____ The above named corporation is the subject of dissolution and the effective date of a dissolution is: January 24, 2022 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Party names, date action/claim/dispute accrued, whether any prior demands have been made on the Corporation, names of legal counsel involved if any, nature of dispute. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Utility Medical Inc. c/o Edwards & Edwards PA 6620 Southpoint Dr S, Suite 200 Jacksonville, FL 32216 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. TIMOTHY P LOUGHRAN Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00