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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

DISSOLUTION OR WITHDRAWAL

Hope Medical Supply In Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

rucs1:	The name of the corporation as currently filed with the Florida Department of Ste	
	- TIDDE Medical S	UDDLY
SECOND:	The document number of the corporation (if known): P22000	023424
THIRD:	The date dissolution was authorized: 1-29-24	202
	Effective date of dissolution if applicable;	
	(no more than 90 days after classical Notes: If the date inserted in this block does not meet the applicable statutory filir g requirement of the document's effective date on the Department of State's record a	tion file date) rements, this date will
FOURTH:		77
	Dissolution was approved by the shareholders, in the manner required by the articles of incorporation.	this chapter and
•	•	·л თ
	and the second s	
•	Signature: Mass & Paril	
L	(By a director, president or other officer - if directors or officers have not been a shirted, b	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed it intury, that fiduciary)	by
	Gladys Danics (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	1 1 CO	

(Title of person signing)