

P95000080577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

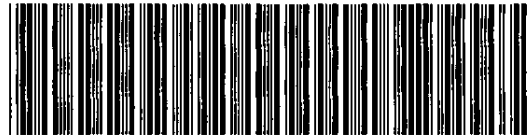
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

'AUG 17 2012  
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## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: DISSOLUTION OF CORPORATION**

**DOCUMENT NUMBER:** P95000080577

The enclosed **Articles of Dissolution** and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

MARIANA FINOL

(Name of Contact Person)

STRATEGIC PHARMA SERVICES, INC.

(Firm/Company)

P.O. BOX 266366

(Address)

Weston, FL 33326

(City/State and Zip Code)

**For further information concerning this matter, please call:**

Blanca Garcia  
Mariana Finol

at (954 ) 217-86-80

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

**Enclosed is a check for the following amount:**

☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

**Amendment Section**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

STRATEGIC PHARMA SERVICES, INC.

SECOND: The document number of the corporation (if known): P95000080577

THIRD: The date dissolution was authorized: AUGUST 1, 2012

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)

MARIANA FINOL

(Typed or printed name of person signing)

PRESIDENT-DIRECTOR

(Title of person signing)

Filing Fee: \$35