

P9600003634<sup>3</sup>

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

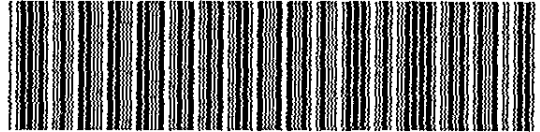
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Art Diss  
(a)

FILED  
03 SEP -2 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 23, 2003

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

To whom it may concern:

Dear Sir or Madam,

The following is a formal request to dissolve my corporation, Echo-Med Corporation based on a unanimous decision of the board of directors and shareholders.

Enclosed is the proper application and a money order for \$ 35.00 (fee stipulated in the application).

Should you need to reach me, please feel free to do so at 786-277-2409. My address is 13850 SW 71 Lane, Miami, FL 33183.

Sincerely,



Jose J. Alvarez  
Echo-Med Corporation

## ARTICLES OF DISSOLUTION

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: ECHO-Med Corp.

SECOND: The date dissolution was authorized: 8/12/03

THIRD: 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 vote of 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

Jose J. Alvarez & Board of Directors  
(voting group)

Signed this 12<sup>th</sup> day of August, 2003.

Signature [Signature]  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Jose J. Alvarez  
(Typed or printed name)

President & CEO  
(Title)