

P9700098515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

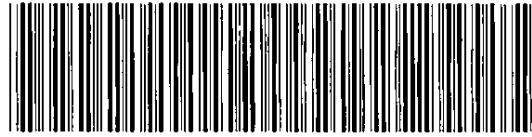
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

6421

Office Use Only



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V/D

JUN 15 2017

D CONNELL

RECEIVED
MAY 24 PM 1:35
FALLS CHURCH VA
STATE CLERK'S OFFICE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 656160 7112723
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : May 24, 2017
ORDER TIME : 1:05 PM
ORDER NO. : 656160-010
CUSTOMER NO: 7112723

FOREIGN FILINGS

NAME: MARINE MEDICAL INTERNATIONAL,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2017

CSC
ATTN: MELISSA ZENDER

SUBJECT: MARINE MEDICAL INTERNATIONAL, INC.
Ref. Number: P97000098515

We have received your document for MARINE MEDICAL INTERNATIONAL, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

A withdrawal application to withdraw the authority of a foreign corporation has been submitted in error. Articles of Dissolution must be filed to voluntarily dissolve a Florida corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 917A00010665

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARINE MEDICAL INTERNATIONAL, INC.

DOCUMENT NUMBER: P97000098515

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

Please return all correspondence concerning this matter to the following:

DERYL RICE

(Name of Contact Person)

INTERNATIONAL SOS

(Firm/Company)

600 TRAVIS STREET, 3200

(Address)

HOUSTON, TX 77002

(City/State and Zip Code)

For further information concerning this matter, please call:

DERYL RICE

(Name of Contact Person)

at (713) 512-5682

(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 32304

17 MAY 20 11 01:22
SECRET
TALLAHASSEE, FLORIDA

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:
Marine Medical International, Inc.

SECOND: The document number of the corporation (if known): 197000098515

THIRD: The date dissolution was authorized: 05 24 2017

Effective date of dissolution if applicable: na
(no more than 90 days after dissolution file date)

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

_____ (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.)

GRANT EDMUND BEVIS JEFFERY

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)