

P9700098515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

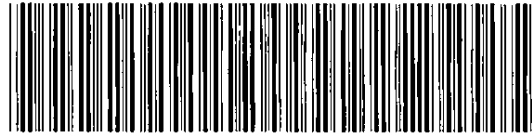
(Document Number)

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

ACCOUNT NO. : I20000000195  
REFERENCE : 656160 7112723  
AUTHORIZATION : *[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:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

17 JUL 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): P97000098515

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)

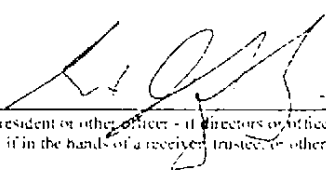
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)