P98000101377

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

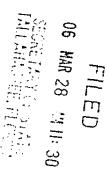




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03/28/06--01035--014 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 3 M RENTAL MEDICAL EQUIPMENTS INC.
DOCUMENT NUMBER: P98000101377
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julio Araujo
(Name of Contact Person)
Total Corporation Services,Inc.
(Firm/Company)
6355 NW 36 St. Suite 407
(Address)
Virginia Gardens, FL 33166
(City/State and Zip Code)
For further information concerning this matter, please call:
Julio Araujo at (305) 871-2525
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations

STREET ADDRESS:

Amendment Section
Division of Corporations

ARTICLES OF DISSOLUTION

	OB MAR 28 MILED		
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	3 M RENTAL MEDICAL EQUIPMENTS INC.		
SECOND:	The document number of the corporation (if known): P98000101377		
THIRD:	The date dissolution was authorized: 03/23/06		
	Effective date of dissolution if applicable: 03/23/06 (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 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		
	(voting group)		
\$	Signature:		
	GERARDO MARTINEZ		
•	(Typed or printed name of person signing)		
	PRESIDENT		
•	(Title of person signing)		