Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000104146 3)))



H10000104146349CR

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number :

120000000257

Phone

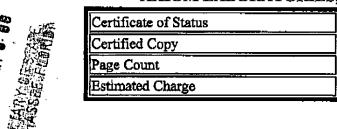
(850) 224-8870

Fax Number

: (850)222-1222

20

DISSOLUTION OR WITHDRAWAL AXIOM LABORATORIES, INC.



30 PH 2: 03

Electronic Filing Menu

Corporate Filing Menu

Help

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\$52.50

Thank you

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April 30, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AXIOM LABORATORIES, INC. PO BOX 1186 TAMPA, FL 33601

SUBJECT: AXIOM LABORATORIES, INC.

REF: P99000096303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H10000104146 Letter Number: 010A00010748



NO. 8160 P. 2/3 FIL-E-D

2018 APR 30 PM 2: 03

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALL AHASSEE, FL ORIDA

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:
	Axiom Laboratories, Inc.
SECOND:	The document number of the corporation (if known): P99000096303
THIRD:	The date dissolution was authorized: December 31, 2009
	Refrective date of dissolution if applicable: December 31, 2009 (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 cest for dissolution was sufficient for approval by
	(voting group)
	Signature: (By a director, president of office officer - in the count of the product of the bands of a receiver, bushes, or other sount appointed fidualary, by that fiduciary)
	Frederick J. Bergmann (Typed or printed name of person signing)
	Director
. •	(Title of person signific)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Axiom Laboratories, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Full description of nature of claim and complete information of person
to contact in order to address claim.
•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO Box 1186
Tampa, Florida 33601
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Frederick J. Bergmann Printed Name of the Ferson Filing Signature of the Ferson Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00