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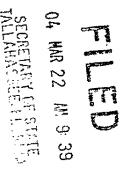
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Decision Decision Manager) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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3/25

TRANSMITTAL LETTER

| Division of Corporations |
|---|
| SUBJECT: lorforate Sisso ENTION |
| DOCUMENT NUMBER: 563642 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| RODOLFO HERNAUXA (Name of Person) Payeliatrice NETWORL & FLORIDA, /ne (Name of Firm/Company) |
| (Name of Person) |
| Payeliamie notwork of Florion, Inc |
| (Name of Firm/Company) |
| 10250 Sw 56 St Suite 1203 (Address) |
| (Address) |
| W/AUI FL 33/65 (City/State/and Zip Code) |
| (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| ROBOLFO HERNANDER at (305) 598-3076 (Name of Person) (Area Code & Daytime Telephone Number |
| (Name of 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: STREET ADDRESS: |
| Amendment Section Amendment Section |
| Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street |
| Tallahassee, Florida 32314 Tallahassee, Florida 32399 |

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 Department of State |
|---------|--|
| | Psychiamic METWORK OF FLORIDA, MC P |
| SECOND: | The document number of the corporation (if known): 5636 42 |
| THIRD: | The date dissolution was authorized: 12/31/03 |
| | Effective date of dissolution if applicable: (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) |
| | Signed thisday of |
| Signati | (By a director, present of 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) |
| | RODOLFO HENDRANDET |
| | (Typed or printed name of person signing) |
| | PRESIDENT |

Filing Fee: \$35