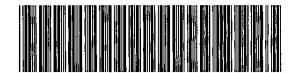
V61875

| (Re | questor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | ļ | | |
| | | | | |
| | | | | |





400292958684

12/07/16--01010--027 **43.75

S. TALLENT DEC 12 2016

Q/V

FILED

16 DEC -7 PH 12: 42

SECRETARY OF STATE

AND A SECRETARY OF STATE

SECRETARY OF

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| • | | | | |
| SUBJECT: (V61875) Medfere Inc /dissolution | | | | |
| DOCUMENT NUMBER: V61875 | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Roni Freedman (Name of Contact Po | erson) | | | |
| | | | | |
| Mcafare Inc (Firm/Company) | | | | |
| 7386 SE 12th Circle (Address) | | | | |
| (Address) | | | | |
| Ocala FL 34480 | | | | |
| (City/State and Zip | Code) | | | |
| For further information concerning this matter, please | e call: | | | |
| Ren Freedman at (| Stel 212 - 5015 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | | |
| | | | | |
| Certificate of Status Certifie | S Filing Fee & \$52.50 Filing Fee, ed Copy Certificate of Status & conal copy is ed) (Additional copy is enclosed) | | | |
| MAILING ADDRESS: | STREET ADDRESS: | | | |
| Amendment Section | Amendment Section | | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: | | |
|----------|--|---------------------------|-------------|-----|
| | Medfare Inc | | | |
| SECOND: | The document number of the corporation (if known): V 6 1875 | | | |
| THIRD: | The file date of the articles of incorporation: 4/4/1492 | | | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | | | |
| | None of the corporation's shares have been issued. | | | |
| | The corporation has not commenced business. | | | |
| FIFTH: | No debt of the corporation remains unpaid. | | | |
| SIXTH: | The net assets of the corporation remaining after winding up have been dist to the shareholders, if shares were issued. | ributed | | |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | | 16 | |
| | ☐ A majority of the incorporators authorized the dissolution. | A SE | - 330 | |
| | A majority of the directors authorized the dissolution. | of STATES See, Florida | 7 PH 12: 42 | LED |
| Sign | (By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | incorporator - if | · | |
| | Roni Freedman | _ | | |
| | (Typed or printed name of person signing) | _ | | |
| | (Title of Person Signing) | - | | |

Filing Fee: \$35