



Form Revision Date 07/2016

## CERTIFICATE OF DISSOLUTION

For use by DOMESTIC PROFIT CORPORATION

*Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned executes the following Certificate:*

The identification number assigned by the Bureau is:

802115011

The name of the corporation:

MEDI-CAN CORP

The dissolution was proposed and approved by agreement among the shareholders in accordance with section 488 of 1972 PA 284.

This document must be signed by an authorized officer or agent.

Signed this 19th Day of May, 2022 by:

Signature	Title	Title if "Other" was selected
Marty Kerrins	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** CERTIFICATE OF DISSOLUTION

***for***

MEDI-CAN CORP

***ID Number:*** 802115011

***received by electronic transmission on*** May 19, 2022 ***, is hereby endorsed.***

***Filed on*** May 25, 2022 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 25th day of May, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***