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DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: Articles Of Dissolution DOCUMENT NUMBER: PO1000019087 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Glenn Morris (Name of Contact Person) Slimmer U Wellness Center (Firm/Company) 5873 N. University Drive (Address) Tamarac, FL. 33321 (City/State and Zip Code) For further information concerning this matter, please call: Glenn Morris (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$43.75 Filing Fee & \$\infty\$\$52.50 Filing Fee, \$\square\$ \$\squa Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS: Amendment Section** Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 Sta	ıte:
	Slimmer U Wellness Center, INC.	
SECOND:	The document number of the corporation (if known): PO1000019087	
THIRD:	The file date of the articles of incorporation: February 20, 2001	
FOURTH:	(CHECK AT LEAST ONE BOX)	09
	None of the corporation's shares have been issued.	09 JAN -8 AM 10: 02
	The corporation has not commenced business.	8 =
FIFTH:	No debt of the corporation remains unpaid.	10:0
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	2
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: (By a director, provident or other officer - if directors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) MONIQUE PERKINS (Typed or printed name of person signing)	ator - if
	President (Title of Person Signing)	

Filing Fee: \$35