

PO9000045620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

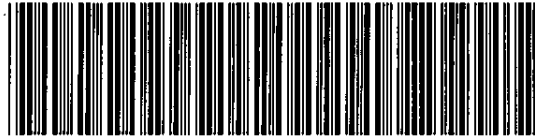
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 23 2016

C. CARROTHERS

FILED
2016 JUN 22 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 JUN 22 AM 10:39
10 AM JUN 22 2016
SUFFICIENT FILING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 185036 4324989

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : June 17, 2016

ORDER TIME : 9:45 AM

ORDER NO. : 185036-010

CUSTOMER NO: 4324989

DOMESTIC FILINGS

NAME: TENEX HEALTH, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: _____

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 Florida Department of State:
Tenex Health, Inc.

SECOND: The document number of the corporation (if known): P09000045620

THIRD: The date dissolution was authorized: June 20, 2016

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.

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 cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president 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)

Jay Hallinan

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

2016 JUN 22 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED