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SECRETARY OF STATE SECRETARY SSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nervisions Counseling LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy Austin (Name of Person) Journeys End Counseling, Consulting + Training (Firm/Company) P.O. Box # 67955 (Address) Orando, Fla. 32867 (City/State and Zip Code) For further information concerning this matter, please call:
(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \text{ 30.00 Filing Fee & Certificate of Status} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certificate of Status} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{25.00}\$ \$\sum_{25.00
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Innervision Counsel	ing LLC
2. The Articles of Organization were filed on 1100 LØ6 ØØØØ 3405.	and assigned document number
3. The date the dissolution was approved:	
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section r letter).
No business activity	<u> </u>
	12 P
	星 3
	SSS 0
5. CHECK ONE:	EQ. 7
OR- Adequate provision has been made for the deb 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the companion.	·
Signatures of the members having the same percentage of me	
Signature	Printed Name
- Jammy (luxtin	Tammy Aushin

FILING FEE: \$25.00