

| (Re                                     | equestor's Name)   |           |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|
| (Address)                               |                    |           |  |  |  |  |
| (Ad                                     | idress)            |           |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |  |
| (Bu                                     | siness Entity Nam  | ne)       |  |  |  |  |
| (Document Number)                       |                    |           |  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |  |
|   |                    | ļ         |  |  |  |  |
|   |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
| <u> </u>                                |                    |           |  |  |  |  |

Office Use Only



300279407633

12/04/15--01012--015 \*\*25.00

FILED
2015 DEC -U A IO: 27
CHARLES OF STATE

DEC 0 7 2015

**3 MASON** 

## **COVER LETTER**

|   | ation Section n of Corporations  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| SUBJECT:  | Health 2 Wealth, LLC   |  |  |  |  |  |  |  |
| (Name of Limited Liability Company)                                       |  |  |  |  |  |  |  |  |
| The enclosed Ar   | ticles of Dissolution and fee(s) are submitted for filing.   |  |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |  |  |  |  |  |
|   | Elizabeth Wilson   |  |  |  |  |  |  |  |
| (Name of Person)  |  |  |  |  |  |  |  |  |
|   | In Corp Services, Inc  |  |  |  |  |  |  |  |
|   | (Firm/Company)   |  |  |  |  |  |  |  |
| 2360 Corporate Circle, Suite 400  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   | Henderson, NV 89074-7739 (City/State and Zip Code)   |  |  |  |  |  |  |  |
|   | (City/State and Zip Code)  |  |  |  |  |  |  |  |
| For further infor   | mation concerning this matter, please call:  |  |  |  |  |  |  |  |
| Ye  | lena Barclay at (407) 973-1851 (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |  |  |  |  |
|   | (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |  |  |  |
| Enclosed is a chec  | k for the following amount:  |  |  |  |  |  |  |  |
| \$25.00 1   | Filing Fee and Certificate of Dissolution  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

## **MAILING ADDRESS:**

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| _   | ted liability company is 1 ealth 2 We   | ealth I.L.   | C.                                 |                                       |                 |
|---|---|--|------------------------------------|---------------------------------------|-----------------|
|   | 7 6 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   | <u> </u>   |                                    | خدري                                  | Pers.           |
| 2. The Articles of Org                        | ganization were filed on _  | 12-1-201   | 5 and                              | assigned                              |                 |
| document number                               | L 1100000   | 7207   |                                    | STATE CLORED                          | O ·             |
| Note: If the date in                          | ive date the dissolution if<br>(effective date cannot be prior<br>serted in this block does not<br>ent's effective date on the De | r to or more than 90 days later<br>meet the applicable statuto | than date documents filing require | ent is received for                   |                 |
|   | ccurrence that resulted in statutes, (copy 605.0707 c   |  | pany's dissolu                     | tion pursuant to                      | o section       |
| 7 101 10101 01                                | out chapter   | 003.010  |                                    |                                       |                 |
| Pursuant                                      | to the conse  | ent of all m   | iembers                            | · · · · · · · · · · · · · · · · · · · |                 |
| Yelena Bar                                    | clay and Mi   | Ichael Barci   | 'ay bei                            | ng all                                | members         |
| of Health                                     | 2 Wealth, LL  | -C consent-  | to the                             | dissolu                               | Hon of          |
| 5 IC.   | nbers, enter the name and   | 1.1 0.1  | Heal                               | th 2 Wea                              | THE, LLC        |
| 5. If there are no men                        | ibers, enter the name and   | address of the person ar                                       | pointed to wir                     | nd up the comp                        | any's           |
| activities and affair                         | rs:   | his wrlHen   | agreem                             | ient wo                               | ould be         |
|   |   | with the con   | •                                  | _                                     |                 |
|   | Kept  | by each me   | mberls                             | persona                               | -<br>I records. |
| 110   | ealth 2 Wealt   | h, LLC is n  | of ecol                            | nom)cal                               | ly viable.      |
| 6. Signature of an aut listed above to wind u | horized person or if there p the company's activities   | are no members, the sig<br>s and affairs:                      | nature of the p                    | person appointe                       | ed and          |
| Pullina                                       | Janlay  | Yelen  | na Ba                              | rclay                                 |                 |
| Sig   | wature /  | <del>-</del>   | Printed Nam                        | ie 🗸                                  |                 |

**FILING FEE: \$25.00** 

Man how

Michael Barclay