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To:

Division of Corporations

Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (512)418-6949 Fax Number: (954)203-0845

LLC DISSOLUTION OR WITHDRAWAL FTH CLINIC, LLC

Certificate of Status	0	
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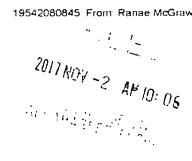
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



ι.	The name of a limited liability FIH Clinic, LLC	company is		<u> </u>						
2.	The Articles of Organization				and assigned					
	document number L14000044	442								
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.									
4.	A description of occurrence the 605,0707, Florida Statutes, (co.	οργιουσιστιοπομο	K COVEL ICITES	•		nt to section				
	Consent of all the members via a Written Consent of the Sole Member of Florida True Health, Inc.									
5.	If there are no members, enteractivities and affairs:	Not applicable.								
6. li:	Signature of an authorized posted above to wind up the con-	erson or if there are apany's activities and	anans.	ne signature of		pinted and				
,	Signature C		27	Printed						

FILING FEE: \$25.09