

L160000017640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

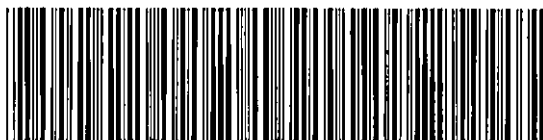
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200322367942

FILED

2018 DEC 27 AM 9:24

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

RECEIVED

18 DEC 27 AM 11:25

CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

S. PRATHER

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 12/27/2018

Acc#I20160000072



Name:	Gisela Health, LLC
Document #:	
Order #:	11349759

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

<u>Filing</u>	<u>Certified</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WISOLA HEALTH 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMU ABBOTT at (248) 225 8797  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 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

1. The name of a limited liability company is

GISELA HEATH LLC

2. The Articles of Organization were filed on 1/29/2016 and assigned

document number L16000017640

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018  
(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 be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business closing due to lack of growth.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Tanvi Vattikuti Abbi

Signature

TANVI VATTIKUTI ABBHI

Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2018 DEC 27 AM 9:24

FILED

**UNANIMOUS WRITTEN CONSENT OF THE  
MEMBERS OF GISELA HEALTH LLC**

The undersigned, being all of the Members of **GISELA HEALTH LLC**, a Florida limited liability company (the "**Company**"), adopt the following resolutions as if adopted at a meeting.

**RESOLVED**, that the Company be dissolved effective as of the date the Articles of Dissolution (described below) are filed with the State of Florida.

**RESOLVED**, that the Plan and Agreement of Liquidation attached hereto as Exhibit A (the "**Plan**") is adopted and approved in all respects and that Nora Zetsche, as CEO of the Company, is appointed to (i) liquidate the assets and wind down the affairs of the Company; and (ii) act as the authorized representative of the Company, including to execute documents and take actions on behalf of the Company.

**RESOLVED**, that Nora Zetsche, a person authorized by her to act on behalf of the Company, and each of them, as the authorized representative of the Company (the "**Authorized Agent**"), is directed to execute and deliver the Plan on behalf of the Company and to execute Articles of Dissolution for the Company and to file the Articles of Dissolution with the State of Florida.

**RESOLVED**, that the Authorized Agent is authorized to take all such further action and to execute and deliver all such further agreements, instruments, certificates and documents in the name and on behalf of the Company, to pay all such expenses, to distribute all assets, to make all such disbursements, and to make all such filings as the Authorized Agent deems necessary, proper or advisable in order to carry out the intent and accomplish the purposes of the foregoing resolutions.

The Members have executed this consent as of the 23 day of December, 2018.



---

NORA ZETSCHE



---

TANVI VATTIKUTI ABBHI

## EXHIBIT A

### PLAN AND AGREEMENT OF LIQUIDATION

This Plan and Agreement of Liquidation (the "**Plan**") of GISELA HEALTH LLC, a Florida limited liability company (the "**Company**") is made by the Company and adopted by all of the members of the Company (the "**Members**"). This Plan is effective as of December 31, (the "**Effective Date**").

1. Dissolution. As promptly as practical after the Effective Date, Articles of Dissolution shall be filed in accordance with the laws of the State of Florida.

2. Cessation of Business. After the Effective Date, the Company shall not engage in any business activities except for the purpose of preserving the value of its assets, adjusting and winding up its business and affairs, and distributing its assets in accordance with the Plan. Nora Zetsche, as CEO and a Member, a person authorized by her, and each of them (the "**Authorized Agent**"), is appointed to act on behalf of the Company.

3. Duties of Authorized Agent.

a. The Authorized Agent shall be responsible for the payment of the liabilities of the Company, the distribution of the assets of the Company and the completion of any other actions required by this Plan or the laws of the State of Florida to complete the dissolution of the Company and the winding up of the business and affairs of the Company.

b. The Authorized Agent shall have the authority to do or authorize any and all acts and things as provided for in this Plan and any and all such further acts and things as the Authorized Agent may consider desirable to carry out the purposes of this Plan, including the execution and filing of all such certificates, documents, information returns, tax returns, and other documents which may be necessary or appropriate to implement this Plan.


c. The Authorized Agent may authorize such variations from or amendments to the provisions of this Plan as may be necessary or appropriate to complete the dissolution, liquidation and termination of existence of the Company in accordance with the laws of the State of Florida.

4. Terms of Liquidation of Company. The Authorized Agent shall wind up the business and affairs of the Company, pay any liabilities of the Company and distribute the remaining assets to the Members first, in satisfaction of liabilities or distributions, and then, in accordance with their Capital Account Sharing Ratios; provided that such proceeds shall be paid to the Members within ninety (90) days after (1) the date the last asset of the Company comes into the Authorized Agent's possession, or (2) the date of completion of the winding up of the Company, whichever is later.


[signatures contained on next page]

**COMPANY**

**GISELA HEALTH LLC**

By \_\_\_\_\_  
Nora Zetsche, CEO

**MEMBERS**

\_\_\_\_\_  
NORA ZETSCHE

*Tanvi Vattikuti Abbhi*  
\_\_\_\_\_  
TANVI VATTIKUTI ABBHI