

L16000074504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

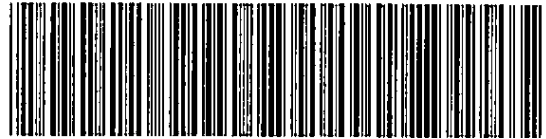
(Business Entity Name)

(Document Number)

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2022 FEB 23 AM 11:18  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: International integrative therapy, 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:

Juliet Araujo  
(Name of Person)

International Integrative therapy, LLC  
(Firm/Company)

5249 NW 7<sup>th</sup> St. Suite 318. Miami, Florida  
(Address)

Miami, Florida. 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

Juliet Araujo at (786) 337 1451  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 FEB 23 AM 11:18

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

International Integrative therapy, LLC

2. The Articles of Organization were filed on 12/31/2021 and assigned

document number L16000074504

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 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).

I would like to close the company.

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

5249 NW 7th ST. Suite 318

Miami, FL 33126

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:

  
Signature

Juliet Araujo  
Printed Name