

NO3000004002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

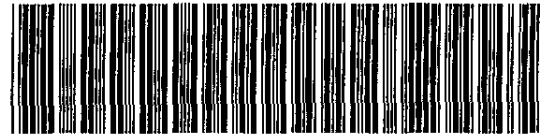
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

Joshua McLeod  
AUTHORIZED TO COPY PHONE TO  
DATE \_\_\_\_\_  
DOC. EXAM. \_\_\_\_\_



300069299853

01/05/00 01:00 010 4033.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 21 AM 11:58

Ps 4/12/04  
Diss

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of a Florida non-profit corp.

**DOCUMENT NUMBER:** 1103000004002

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua MacLeod

(Name of Contact Person)

USA Muscular Therapy Charities, Inc.

(Firm/Company)

P.O. Box : 952425

(Address)

Lake Mary, FL 32795

(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua MacLeod

(Name of Contact Person)

at ( 407 ) 376-9781

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 21 AM 11:58

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

C.S.A. Muscular Therapy Charities, INC.

SECOND: The document number of the corporation (if known): 1203000004002

THIRD: Adoption of Dissolution  
(Complete Section I or II)

### SECTION I

**If the corporation has members entitled to vote:**

The date of the meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_

(CHECK ONE)

☒ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

### SECTION II

**If the corporation has no members or members entitled to vote on the dissolution.**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 4.3.06

The number of directors in office was 5 and the vote for resolution was

5 for and 0 against. (must be a majority vote)


FOURTH:

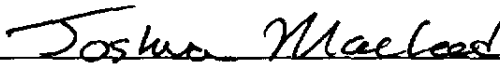
Effective date of dissolution if applicable:

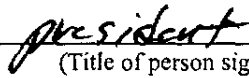
9. 3. 06

(no more than 90 days after dissolution file date)

Signature

  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

  
(Typed or printed name of the person signing)

  
(Title of person signing)

**FILING FEE: \$35**