

N04000011217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FL 32399

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G. Coulliette JUL 20 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non-Profit Coperation

DOCUMENT NUMBER: NO4000011217

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

Please return all correspondence concerning this matter to the following:

David C. Koger, Director

(Name of Person)

OPULENCE & health center, inc.

(Name of Firm/Company)

220 North Moon Ave.

(Address)

Brandon, Florida 33510

(City/State/and Zip Code)

For further information concerning this matter, please call:

David C. Koger

(Name of Person)

at (813) 661-7010

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

OPULENCE & HEALTH CENTER, INC.

SECOND: The document number of the corporation (if known): NO4000011217

THIRD: The file date of the articles of incorporation: 12/03/2004

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 12 day of July, 2005.

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)

David C. Koger

(Typed or printed name of person signing)

Vice President & Director

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE FL 32309