

N040000/1950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

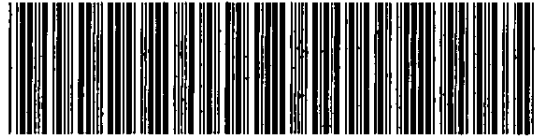
Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Corrected document
by telephone call
JN 7/14/08

Office Use Only



900132443499

7-14-08

07/09/08--01013--003 **43.75

JD

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 11:02

FILED

T. Roberts JUL 14 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION, REMITION

DOCUMENT NUMBER: 0145

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

Please return all correspondence concerning this matter to the following:

Dr. Gerardo Sanchez

(Name of Contact Person)

HEALTH ALTERNATIVE FOUNDATION, INC.

(Firm/Company)

4227 N.W. 5th Street, Suite No. 5

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Orlando H. Lima

(Name of Contact Person)

at (305) 752-0004

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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, FL 32314

STREET ADDRESS:

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

FILED
08 JUL -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ARTICLES OF DISSOLUTION

7-14-08

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:
HEALTH ALTERNATIVE FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N04000011950

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast by the
members was sufficient for approval.

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

SECTION II

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

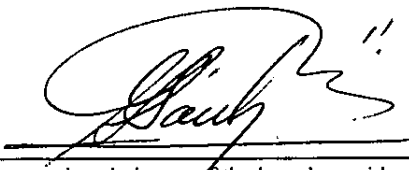
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 07/07/2008.

The number of directors in office was 3 and the vote for resolution was
3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 07/14/2008
(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.)

Gerardo Sanchez

(Typed or printed name of the person signing)

Director

(Title of person signing)

FILING FEE: \$35