Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000194939 3)))



H09D001849393ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146 : (305) 444-4994 Phone

Fax Number

: (305)444-4977



17672.

DISSOLUTION OR WITHDRAWAL

WING LUNG WELLNESS CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

tet Corpora.....

SEP-02 P2 004

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Stantes, this Florida not for profit corporation submits the following Articles of Dissolution:

भ

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
. 1100 2 (Wing Lung Wellness Center Inc.
	The document number of the corporation (if known): NO6000007139
SECOND:	The document number of the corporation (if known):140000001
THIRD:	The file date of the articles of incorporation: 7/6/2006
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.
Signa	obure: Mw.
	(By the chairman or vice chairman of the board, president or other officers if directors have not bean selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Steve Chin
	(Typed or printed name of person signing)
	PD
	(Title of person signing)