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COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: <u>PWM Life Center</u> , IN	
DOCUMENT NUMBER: NO700001743	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Paula M White (Name of Contact Person)	
(Name of Contact Person)	
(Firm/Company)	
PD Box 2124	
(Address)	
Windermere FL 34786	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Rachael Foster at (813) 382 2121	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
<ul> <li>\$35 Filing Fee</li> <li>\$43.75 Filing Fee &amp;</li> <li>\$Certified Copy</li> <li>(Additional copy is enclosed)</li> <li>\$Certified Copy</li> <li>(Additional copy is enclosed)</li> </ul>	

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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

## ARTICLES OF DISSOLUTION

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

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

CUNTER The document number of the corporation (if known): N SECOND: The file date of the articles of incorporation: Э THIRD: FOURTH The corporation has not commenced to conduct its affairs. FIFTH: No debts of the corporation remains unpaid. 13 SEP 16 SIX'III: 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. 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 person signing) person signing

Filing Fee: \$35