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COVER LETTER

TO: Amendment Section

Division of Corporations

The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kurt Maurer (Name of Contact Person) Saxasota Mindfulnes Institute Inc (Firm/Company) PO Sox 15168 (Address) Sayasota FL 34277-1168 (City/State and Zip Code) For further information concerning this matter, please call: Kurt Maurer (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: (P\$335 Filing Fee (Sat. 375 Filing Fee & (Sat. 375 Filing Fee & (Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	SUBJECT: Articles of 1	Dissolution
Please return all correspondence concerning this matter to the following: Kurt Maurer	DOCUMENT NUMBER: 359	7098
Name of Contact Person	The enclosed Articles of Dissolution at	nd fee are submitted for filing.
Saxasota Mindfulness Institute Inc.	Please return all correspondence concer	ming this matter to the following:
Saxasota Mindfulness Institute Inc.	Kurt Maurer	
(Firm/Company) PO Box 5 68 (Address) (City/State and Zip Code) For further information concerning this matter, please call: Kurt Maurer	(Na	
Sayasota FL 34277-1168 (City/State and Zip Code)	Sarasota Mindfulness	Institute Inc (Firm/Company)
City/State and Zip Code	PO BOX 15168	
City/State and Zip Code		•
For further information concerning this matter, please call: Kyrt Mourer at (301) 801-5952 55		1168
Rect Maurer at (301) 801 - 5952 50	(C1)	(y/State and Zip Code)
Enclosed is a check for the following amount: [VS35 Filing Fee \$\Bigcup \$\$43.75 Filing Fee & B\$43.75 Filing Fee & B\$52.50 Filing Fee, Certificate of Certificate of Status & Certified Copy (Additional copy is enclosed) Mailing Address:	For further information concerning this	matter, please call:
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Mailing Address: Amendment Section Division of Corporations □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certificate of Status & Certified Copy (Additional copy is enclosed) Street Address: Amendment Section Division of Corporations	(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Mailing Address: Amendment Section Division of Corporations □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certificate of Status & Certified Copy (Additional copy is enclosed) Street Address: Amendment Section Division of Corporations	Enclosed is a check for the following a	mount:
Certificate of Status	,	
Amendment Section Amendment Section Division of Corporations Division of Corporations		Certified Copy Status & Certified Copy
Division of Corporations Division of Corporations		
Tallabaccan El 32314 2415 N. Manray Stroot Suite 810	P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403. Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Sarasota Mindfulness Institute Inc
SECOND:	The document number of the corporation (if known): NOQOOOLSU 319
THIRD: •	Adoption of Dissolution (COMPLETE SECTION LOR II)
	SECTION 1 If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE) 12 The date of meeting of members at which the resolution to dissolve was adopted
	The number of votes east by the members was sufficient for approval.
with	☐ The resolution was adopted by written consent of the members and executed in accordance 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 $8/26/2022$
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)
FOURTH	Effective date of dissolution, if applicable: 9/1/2022 (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Signature: Mulk Meuro. (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) KURT R MAURER (Typed or printed name of person signing) Chair, Board of Directors (Title of person signing)
	(Title of person signing)

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