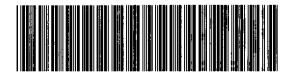
M100006250

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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1/2/12

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of St Johns Institute for Health and Wellness Inc.		
DOCUMENT NUMBER: N1100006250		
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Keith Elliott		
(Name of Cor	itact Person)	
(Firm/Co	mpany)	
1026 Pinehurst Drive		
(Addre	ess)	
Spring Hill, Tn. 37174	10: 0 1)	
(City/State and	1 Zip Code)	
For further information concerning this matter, p	lease call:	
Keith Elliott	at (615) 717-712	4
(Name of Contact Person)	(Area Code & Daytim	eTelephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)]\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET A	ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION

	FILED		
Pursuant to s Articles of D	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution: 2012 JAN 23 PM 3 53		
FIRST:	SECRETARY OF STATE The name of the corporation as currently filed with the Florid AD CONTROL OF STATE St Johns Institute for Health and Wellness Inc.		
SECOND:	The document number of the corporation (if known): N11000006250		
THIRD:	The file date of the articles of incorporation: $6-30-11$		
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			
_	(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)		
	Keith Elliott		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35