

012000008952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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WASHINGTON, DC 20540

DIS/



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 538045 7900943

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE : February 19, 2013

ORDER TIME : 9:31 AM

ORDER NO. : 538045-005

CUSTOMER NO: 7900943

DOMESTIC FILINGS

NAME: ASCENSION HEALING ARTS INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT# 2926

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF DISSOLUTION

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:  
ASCENSION HEALING ARTS INC.

SECOND: The document number of the corporation (if known): N12000008952

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  
3/19/2013 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 \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature Melissa Doyle  
(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.)

Melissa Doyle  
(Typed or printed name of the person signing)

Director  
(Title of person signing)

**FILING FEE: \$35**