

N16000009391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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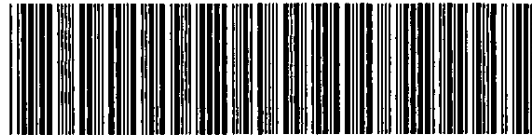
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
17 MAR 30 PM 4:42

MAR 31 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non Profit

DOCUMENT NUMBER: N16000009391

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Madson
(Name of Contact Person)

P.O. Box 865
(Firm/Company)
Apalachicola, FL 32329
(Address)
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Madson at (407) 267 1060
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$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:

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

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

Inspired Wellness, Inc.

SECOND: The document number of the corporation (if known): N160000009391

THIRD: The file date of the articles of incorporation: 9/22/2016

FOURTH: The corporation has not commenced to conduct its affairs.

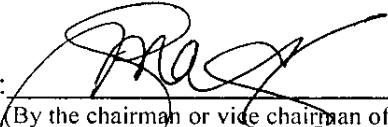
FIFTH: No debts of the corporation remains unpaid.

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.

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)

Sarah Madison

(Typed or printed name of person signing)

Vice President of the Board of Directors

(Title of person signing)

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Filing Fee: \$35