N22000006764

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(Address)
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(City/State/Zip/Phone #)
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(Duninger Entity Name)
(Business Entity Name)
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COVER LETTER

Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: N22000006764
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Fenzl
(Name of Contact Person)
FIVE POINTS HEALTH & WELLNESS, INC.
(Firm/Company)
1820 S. Pinellas Ave.108
(Address)
Tarpon Springs, FL 34689
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Fenzl 727 359 - 2346 71 72 1 339
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$35 Filing Fee

Mailing Address:

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

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: FIVE POINTS HEALTH & WELLNESS, INC.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation:	
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.	
_	ature: Hall La Fond. (By the chairman or vice chairman of the board, president or other officer- if directors have not been an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Mark E. Fenzl	
	(Typed or printed name of person signing)	
	CEOP	
	(Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of	of Corporate Dissolution" is optional and is	s not required when filing a voluntary dissolution.	
Name of Corp	FIVE POINTS HEALTH & WELLNES	SS, INC.	
	ution will be the date the dissolution is filed	with the Department of State or as specified in the	
Description of	(information that must be included in a claim	n:	
No monies wer	e received by the coroporation and no monies we	ere spent by the corporation.	
The corporation	n was never active.		
Mailing addre	ess where claims can be sent: (Claims cannoi	t be sent to the Division of Corporations)	
C)	Mark E. Fenzl		
	11011 Avana Way, Apt. 210		
	Trinity, Florida 34655		
A claim again. within 4 years	st the above named corporation will be barre after the filing of this notice.	ed unless a proceeding to enforce the claim is comme	nced
Mark E. Fenzl		Mal G. For I	
	Printed Name of the Person Filing	Signature of the Person Filling	_