

P000000024004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

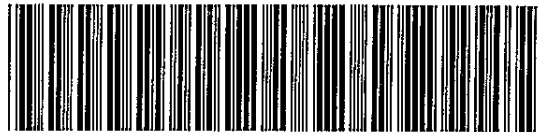
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FILED  
03 MAR 24 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

T BROWN MAR 28 2003

3013 Centennial Village Dr  
Pearland TX 77584  
281-412-6870

March 20, 2003

Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Dear Division of Corporations,  
Subject:Dissolution of Corporation

Here is the dissolution form for my corporation.

Sincerely,

Greg Garrison

Owner\President

Central Florida Natural Health Options

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: \_\_\_\_\_

CENTRAL FLORIDA NATURAL HEALTH OPTIONS INC.

SECOND: The filing date of the articles of incorporation was: 03/02/2000

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 2<sup>nd</sup> day of March, 2003

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

GREG GARRISON  
(Typed or printed name)

OWNER / PRESIDENT  
(Title)

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