

JUN 02/2016 THU 01:23 PM

FAX NO.

P.000002

6/2/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000135247 3)))



H160001352473ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

RECEIVED

16 JUN -2 PM 1:00

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL
LONGEVITY CENTER OF USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Art
Diss

JUN 03 2016

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Longevity Center of USA, Inc

SECOND: The document number of the corporation (if known): P00000025750

THIRD: The file date of the articles of incorporation: 03/13/2000

FOURTH: (CHECK AT LEAST ONE BOX)

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

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

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

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: [Signature]

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LONGEVITY PICS
(Typed or printed name of person signing)

President
(Title of Person Signing)

FILED
2016 JUN -2 AM 8:41
SECRETARY OF STATE
FLORIDA