

.	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. HEALTHY HORIZ	ZONS ALTERNATIVES, INC.
2(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit	☐ Photocopy ☐ Certified Copy ☐ Certificate of Status AMENDMENTS ☐ Certificate of Status 10004736481—4 -12/26/01—01003—010 ******35.00 ******35.00
Not for Profit Limited Liability Domestication Other	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF DISSOLUTION

OF HEALTHY HORIZONS ALTERNATIVES, INC.

The undersigned sole shareholder of Healthy Horizons Alternatives, Inc., hereby files these Articles of Dissolution and states:

- 1. The dissolution of the company known as Healthy Horizons Alternatives, Inc. was authorized by the unanimous consent of the sole shareholder on December 20, 2001.
 - 2. The dissolution was approved by the requisite number of shareholders.
 - 3. The effective date of the dissolution will be December 21, 2001.

Executed this aby day of Olden blue, 2001.	HATI Figure		-1-1
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NANCY STEPHENS			
SOLE SHAREHOLDER	> ''	9	
DIRECTOR	<u> </u>		
STATE OF FLORIDA COUNTY OF LEON	-	_	
The foregoing Articles of Dissolution were acknowledged before me the Multiple of Dissolution were acknowledged before me the Dissolution were acknowl		⊬∕∕ _day ie)or v	
produced N/A as identification and who did take an	oath.		
Certeria Delores Brewiter			
NOTARY PUBLIC			•

