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AVAN OGOEN (Requestor's Name)
(Requestor's Name)
1817 SHERWOOD DEFUE
(Address)
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TAUAUASSEE, FL 32303 / 850 - 574-230 a (City/State/Zip/Phohe #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL O.A Nutrition'S HEALTHSTOP #S. INC. (Business Entity Name)
OxA Nutritions
HEALTHSTOP #S, INC.
(Business Entity Name)
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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: DSA Nutrition's Healthstop # 1	
Inc,		
SECOND:	The date dissolution was authorized: Dec. 31, 14	
THIRD:	Adoption of Dissolution (CHECK ONE)	
	solution was approved by the shareholders. The number of votes cast for discussions sufficient for approval.	
☐ Diss	solution was approved by vote of the shareholders through voting groups.	
	the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement must be separately provided for each voting group with the following statement with t	
The	number of votes cast for dissolution was sufficient for approval by	
	Shareholders President (voting group)	
	(voting group)	
Sig	med this 13 day of 549 2005.	
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	(Typed or printed name)	
	President (Title)	