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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSIVE M	4 business
DOCUMENT NUMBER: POSO	00102146
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Linda Keur	$\Delta \mathcal{L}$
(Name of Con	act Person)
M 195000	The account Source The
(Firmula)	ompany)
12 0000	TOG
SAUX G- LEN INIX	<u> </u>
(Addre	ss)
- UAIRICO IFI	33594
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Linda KRUPA	at (3/3) U35-6848
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	As as Pur P o Pass so Pur
	43.75 Filing Fee & \$\Bigcup \$52.50 Filing Fee, 'ertified Copy Certificate of Status &
	Additional copy is Certified Copy
	nclosed) (Additional copy is
	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	i alialiassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the fellowing asticles
of dissolution	on: TALLAHASSEE. FLORI
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
•	The Massage Therapy Soura The.
SECOND:	The document number of the corporation (if known): PO 200102146
THIRD:	The date dissolution was authorized: 10-33-7010
•	Effective date of dissolution if applicable: 10-23-2010 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
, , , , , , , , , , , , , , , , , , ,	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Unda Krusa (voting group)
· . · · · . · .	
· ·	Signature: (By 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)
	Linda Keupa
• . •	(Typed or printed name 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. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00