P02000109400

(Requestor's Name)					
(Add	iress)				
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	ne)			
(Doc	ument Number)				
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer:				
·	-				



400035225684

05/04/04--01006--014 **35.00

PILED

04 MAY -3 PM 4: 30

ATTAMASSEE FLORID.

TRANSMITTAL LETTER

• TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: SAGE MASSAGE NETWORK: DISSOLUTION
DOCUMENT NUMBER: P02000 109400
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEN J. RUSSELL (Name of Person) SAGE MASSAGE NETWORK (Name of Firm/Company) 444 2
SAGE MASSAGE NETWORK (Name of Firm/Company)
(Name of Firm/Company)
4111 BARBAROSSA AV. (Address)
MIAMI, FL 33133 (City/State/and Zip Code)
For further information concerning this matter, please call:
KEN J. Russell at (305) 321-8428 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\simeg \\$43.75 Filing Fee & \$\simeg \\$43.75 Filing Fee & \$\simeg \\$43.75 Filing Fee & \$\simeg \\$52.50 Filing Fee, \$\simeg \\$Certified Copy &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 F. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to s of dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the following article: 1:	s					
FIRST:	The name of the corporation as currently filed with the Department of State:						
	SAGE MASSAGE NETWORK, INC.						
SECOND:	The document number of the corporation (if known): Po2000109400						
THIRD:	The date dissolution was authorized: 04 /28 / 04						
	Effective date of dissolution if applicable: (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 of 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						
	(voting group)						
	Signed this, day of						
Signatı	we Clared						
orginaci	(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						
	KEN J. RUSSELL FA TO TYPE OF PERSON SIGNING)						
	Director + CEO						
	(Title of person signing) ヹ゚゚ ニューム						

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 Corpora	ition: SAGE	MASSAGE	NETWORK		<u></u> ·
	on will be the date t		d with the Departmen	n of State or as	
Description of in	formation that must	be included in a clai	im:		
Mailing address v	where claims can be	e sent: (Claims canno	ot be sent to the Divis	ion of Corporation	s)
_		LASSAGE N			_
<u>-</u>	MIAMI	ARBAROSSA FL 3313	Av.		-
-	,	•			_

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.

KEN J. RUSSELL
Printed Name of the Person Filing

Signature of the Person Filing