P02000110620

(Requestor's Name)		
(Address)		
(Address)		
(iddicas)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
· · · · ·		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
or some management		
<u> </u>		

Office Use Only



000258977520

04/21/14--01033--028 **35.00

SECSENARY OF SIMIL

C. LEWIS
APR 2 8 2014

EXAMINER



Healing Hooves Psychotherapy, Inc.

Terri Jennings, Ph.D., Phone: 954-547-9928, Email: Tjenn89112@aol.com

Emergency Evacuation Procedures

April 11, 2014

To Whom It May Concern:

As of 5/1/14 I am dissolving my corporation, Healing Hooves Psychotherapy, Inc.

Sarah Kelava of Kelava Inc. will be taking on the fictitious name "Healing Hooves Psychotherapy".

If you have any questions please do not hesitate to contact me.

Sincerely,

Terri Jennings, Ph.D.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Healing Hours - Dissert Disservation PO20011062	solition	
DOCUMENT NUMBER: PO200110620		
The enclosed Articles of Dissolution and fee are submitted for	r filing.	
Please return all correspondence concerning this matter to the	following:	
Terrings, + (Name of Contact Person)	9h.D.	
(Firm/Company)		
1897 Maplewood Drive (Address)		
McKinleyville, CA 95519 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Terki Jennings at (954) 547-9928 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$35 Status \$43.75 Filing Fee \$35 Certificate of Status Certified Copy (Additional copy enclosed)	cee & \$\subseteq\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

APPRUYEL AND FILED

ARTICLES OF DISSOLUTION

14 APR 21 PM 3: 54

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Healing Houses Psychotherapy Inc.		
SECOND:	The document number of the corporation (if known): 1620118625		
THIRD:	The date dissolution was authorized:		
	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 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)		
	(voting group)		
	Signature: Lin E. G. A.A.		
	(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)		
	TERRI E. Jenning S, Ph. D. (Typed or printed name of person signing)		
	PRESIDENT (Title of person signing)		

Filing Fee: \$35

APPROVED AND FILED

Notice of Corporate Dissolution

14 APR 21 PM 3: 54

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims of STATE against this corporation as provided in s. 607.1407, F.S.

against this corporation as provided in silvery, i.e.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Healing Hooves Psychotherapy Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NA
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1897 Maplewood Drive MCKinleyville CA 95519
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.
Territed Name of the Person Filling Signature of the Person Filling