

P03000057960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

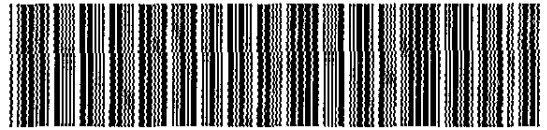
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/09/03--01003--004 \*\*35.00

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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Arts and Sports Foundation for Health Education, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Arts and Sports Foundation for Health Educ  
Name (Printed or typed)

7921 N.E. 2nd Avenue  
Address

Miami, Florida 33138  
City, State & Zip

(305) 751-4002  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLES OF DISSOLUTION

*Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

FIRST: The name of the corporation is: Arts & Sports Foundation for  
Health Education, Inc.

SECOND: The filing date of the articles of incorporation was: 5/19/03

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

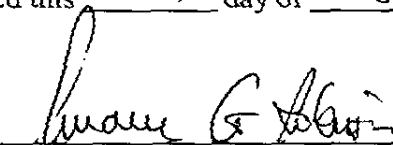
SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 25th day of August, 2003

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Dr. Ermane Robin

(Typed or printed name)

Chairman / President

(Title)

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA