

P03000094734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

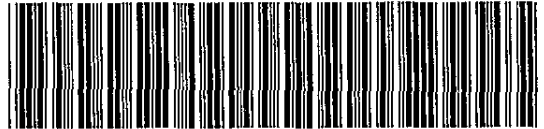
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Miss

FILED

04 APR 21 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 21 AM 10:49

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

for 4/21/04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 579058 7390835

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 35.00

ORDER DATE : April 20, 2004

ORDER TIME : 9:33 AM

ORDER NO. : 579058-005

CUSTOMER NO: 7390835

CUSTOMER: Ms. Hedi Heine
Ms. Heidi Heine
4204 3rd Avenue West

Palmetto, FL 34221

DOMESTIC FILINGS

NAME: HEALING HANDS SPA, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with Department of State:

HEALING HANDS SPA, INC.

SECOND: The document number of the corporation (if known):

PO3090094734

THIRD: The file date of the articles of incorporation was:

August 27, 2003

FOURTH: (CHECK AT LEAST ONE BOX)

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

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

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

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 4 day of 4-15-, 2004.

Signature:

Heidi Heine

(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.)

HEIDI HEINE

(Typed or printed name of person signing)

President

(Title 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: HEALING HANDS SPA, INC.

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:

the corporation has not
commenced business.
Bank account closed, no outstanding
bills whatsoever

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Heidi Heine
4204 3rd Ave W
Palmetto FL 34221

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.

HEIDI HEINE
Printed Name of the Person Filing

Heidi Heine
Signature of the Person Filing

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