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(Red	questor's Name)	
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(Bus	iness Entity Nai	me) ,
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Articles of Dis	ssolution	
DOCUMENT NUMBER: POSO	000 44226	
The enclosed Articles of Dissolution and fee a	re submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
April C Brader (Name of Cor		
(Name of Cor	itact Person)	
Healthy Pathways, Inc. (Firm/Company)		
' (Firm/C	отралу)	
121 - 877H AVENUE	<u>N</u>	
•	•	
ST PETOUSBURG, FL (City/State a	nd Zip Code)	
For further information concerning this matter,	please call:	
(Name of Contact Person)	at (727) 578-0175 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status (\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee. Certified Copy Additional copy is enclosed) \$	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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 the Florida Department of State:
	HEALTHY PATHWAYS, TUC.
SECOND:	The document number of the corporation (if known): POSOO 6044 226
THIRD:	The file date of the articles of incorporation: $03/23/2005$
FOURTH:	The file date of the articles of incorporation: 03/23/2008 (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued.
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	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.
Signa	(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.)
	(Typed or printed name of person signing)
	PRES (DOT (Title of Person Signing)

Filing Fee: \$35