

FROM : LAZARUS  
Division of Corporations

FAX NO. : (305) 220-1440

Jun. 02 2006 2:08PM P1

P06000020323

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000149144 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

RECEIVED  
06 JUN -2 AM 8:00  
DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL**

**TROPICAL HEALTH FLOWER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN -2 PM 4:26

Electronic Filing Menu

Corporate Filing Menu

Help

*W/Un. Diss.*

*06/05/06*  
*X*

H06000149144

## 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:  
Tropical Health Flower, Inc.

SECOND: The document number of the corporation (if known): P06 00002 0323

THIRD: The file date of the articles of incorporation: February 10, 2006

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.

Signature: 

(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.)

Dayami Milo Corvea

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

H06000149144

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN -2 PM 4:26