1060000015313

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	≥)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: STAY WELL RESOURCES, INC	·····	
DOCUMENT NUMBER: P06000075313		
The enclosed Articles of Dissolution and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the f	following:	
OLGA LIDIA GONZALEZ		
(Name of Contact Person)		
STAY WELL RESOURCES, INC		
(Firm/Company)	·	
6962 WEST 30TH LANE		
(Address)		
HIALEAH FL 33018		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
OLGA LIDIA GONZALEZ at (786	287-0290	
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	ee & \$\sumsymbol{\sumsymbol{\subsymbol{\sun}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:				
	STAY WELL RESOURCES, INC				
SECOND:	The document number of the corporation (if known): P06000075313				
THIRD:	The date dissolution was authorized: 06/01/2007				
	Effective date of dissolution <u>if applicable</u> : 06/01/2007 (no more than 90 days after dissolution	ı file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for diss	olutic	n	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	enstaled	ال 70		
	The number of votes cast for dissolution was sufficient for approval by	ETARY O	JUN 22 PH 2: 02	. ורו	
	(voting group)	F STATE FLORIDA	H 2: 02		
	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)				
	OLGA LIDIA GONZALEZ				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35