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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

. TO: Amendment Section

Division of Corporations SUBJECT: Articles of Dissolution For Sozo Healing and Massage Inc. DOCUMENT NUMBER: P07000045618 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patsy E Gatewood (Name of Contact Person) (Firm/Company) 52 5th Ave Unit D (Address) Shalimar FL 32579 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Patsy E Gatewood (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee —\$43.75 Filing Fee & —\$43.75 Filing Fec & —\$52.50 Filing Fec, Certified Copy Certificate of Status Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **STREET ADDRESS: MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the property of the section for the se

| or dissorting | 747 8: 55 |
|---------------|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| | Sozo Healing and Massage Inc. |
| SECOND: | The document number of the corporation (if known): P07000045618 |
| THIRD: | The date dissolution was authorized: 03/01/2011 |
| | Effective date of dissolution <u>if applicable</u> : 03/01/2011 (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | (voting group) |
| | Signature: La |
| | Patsy E Gatewood |
| | (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: Sozo Healing and Massage, 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: Date and amount of claim, with account number and copy of of signed document Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Patsy E Gatewood 52 5th Ave Unit D Shalimar FL 32579 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. Patsy E Gatewood Printed Name of the Person Filing

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