

PO 7000063/78

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STATE OF ARIZONA
TALAHASSEE, FLORIDA

2010 APR 26 AM 11:57

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve Florida Corp

DOCUMENT NUMBER: P07000063178

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY F. SCHOONOVER
(Name of Contact Person)

NATURAL Visions Holistic Health
(Firm/Company)

1715 S. Hubert Avenue
(Address)

Tampa FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY SCHOONOVER at (813) 282-3863
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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 607.1401, 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:

NATURAL VISIONS HOLISTIC HEALTH, INC.

SECOND: The document number of the corporation (if known): P070400063178

THIRD: The file date of the articles of incorporation: 5/25/2007

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.)

LARRY F. SCHOONOVER

(Typed or printed name of person signing)

President

(Title of Person Signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 26 AM 11:57

FILED

Filing Fee: \$35