

P07000110924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

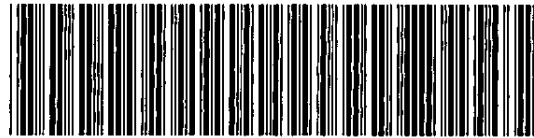
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/08--01018--004 **35.00

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FILED

08 APR -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 01 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2008

PROFESSIONAL NATURAL PRODUCT
7250 SW 38TH ST
MIAMI, FL 33155

SUBJECT: PROFESSIONAL NATURAL PRODUCT INC.
Ref. Number: P07000110924

We have received your document for PROFESSIONAL NATURAL PRODUCT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the ~~proper~~ form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 008A00014882

RECEIVED
2008 APR -1 AM 18:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PROFESSIONAL NATURAL PRODUCTS Inc

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

P07000110924 -

THIRD: The date dissolution was authorized:

2/29/2008

Effective date of dissolution if applicable:

(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:

(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)

SANTA A. DON.
(Typed or printed name of person signing)

PRESIDENT.
(Title of person signing)

FILED
08 APR -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PROFESSIONAL NATURAL PRODUCTS, 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:

None

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PROFESSIONAL NATURAL PRODUCTS, INC.
7250 SW 38th Street
MIAMI - FL 33155-6608.

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.

Printed Name of the Person Filing

Signature of the Person Filing

SANTA DON

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