

PD8000000891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TB

6/17/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution, Amazon Health Inc.

**DOCUMENT NUMBER:** P08000000891

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

Please return all correspondence concerning this matter to the following:

Lee R. Herndon Jr.

(Name of Contact Person)

(Firm/Company)

427 Islebay Drive

(Address)

Apollo Beach, Florida 33572

(City/State and Zip Code)

For further information concerning this matter, please call:

Lee R. herndon Jr.

(Name of Contact Person)

at ( 813 ) 917-4000

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2009

LEE R HERNDON JR  
427 ISLEBAY DR  
APOLLO BEACH, FL 33572

SUBJECT: AMAZON HEALTH INC  
Ref. Number: P08000000891

We have received your document for AMAZON HEALTH 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):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 409A000190

RECEIVED  
2009 JUN 15 AM 8:00  
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:

Amazon Health Inc

SECOND: The document number of the corporation (if known): P08000000891

THIRD: The date dissolution was authorized: 06/01/2009

Effective date of dissolution if applicable: 06/01/2009

(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: Lee R. Herndon Jr.

(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)

Lee R. Herndon Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 15 AM 9:37

FILED

Filing Fee: \$35