

P08000051119

DR. Lynn Sky Manning
(Requestor's Name)

2459 Exova Ave
(Address)

Sarasota, FL 34234
(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

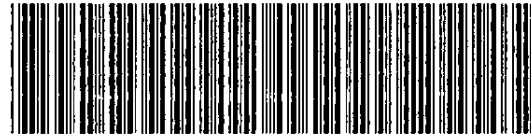
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800198939428

03/24/11--01021--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 24 PM 12:00

diss
C.COULLIETTE

MAR 28 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation - Integrative Treatment Options Inc

DOCUMENT NUMBER: P08000051119

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

Please return all correspondence concerning this matter to the following:

Dr. Lynn Sky Manning
(Name of Contact Person)

Integrative Treatment Options Inc
(Firm/Company)

2459 Ixora Ave
(Address)

Sarasota FL 34234
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Lynn Sky Manning at (941) 544 5235
(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)

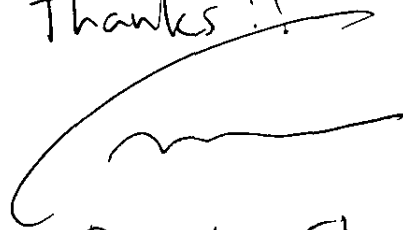
MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed are paperwork &
check for dissolution of
S-Corp. I unintentionally
renewed thinking I instead
owed the fee going back
vs. going forward.

Corp is now closed & not
doing business however. Clerical
error.

Thanks !!

A handwritten signature in cursive script, appearing to read "Dr. L. Sky Manning". The signature is written in dark ink and is positioned below the "Thanks!!" text.

Dr. L. Sky Manning

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:

Integrative Treatment Options Inc

SECOND: The document number of the corporation (if known): P08000057119

THIRD: The file date of the articles of incorporation: 3.08.2009

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.)

Lynn Sky Manning

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 24 PM 12:02