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SECRETARY OF STAIL SECRETARY OF STAIL SECRETARY OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Corporate Dis	Solutions
DOCUMENT NUMBER: 607. 140	6/
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Lestfer R. 66 (Name of C	Contact Person)
Health Cuisine (Firm	( o ( ) ). n/Company)
6950 West 30	off cf ddress)
11/001 F/ 3301	10
Ligleah, FC 330/ (City/State	te and Zip Code)
For further information concerning this matter	tter, please call:
(Name of Contact Person)	at ( <u>786</u> ) <u>718 - 9400</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$35 Filing Fee \$\bigcip\$\$43.75 Filing Fee &   Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 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:
	Health Cuisine, Corp.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $6 - 6 - 0$
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.
Sign	Ature:  (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.)
	(Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35