

P08 0000 65463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

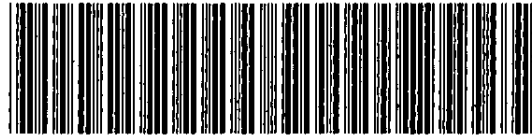
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

218/8

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P08000045463

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

Please return all correspondence concerning this matter to the following:

Carlos A. Díaz  
(Name of Contact Person)

Noti - Health International Inc  
(Firm/Company)

447 E NW 36 St #204  
(Address)

Miami, FL 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos A. Díaz at ( 706 ) 319 0257  
(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:

Nutri-Health International Inc

SECOND: The document number of the corporation (if known): POB0000065463

THIRD: The file date of the articles of incorporation: 07/10/08

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:  
OR

☐ The dissolution was authorized by an incorporator.

☒ The dissolution was authorized by a majority of the incorporators.

Signature: \_\_\_\_\_

(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)

Carlos A Diaz

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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