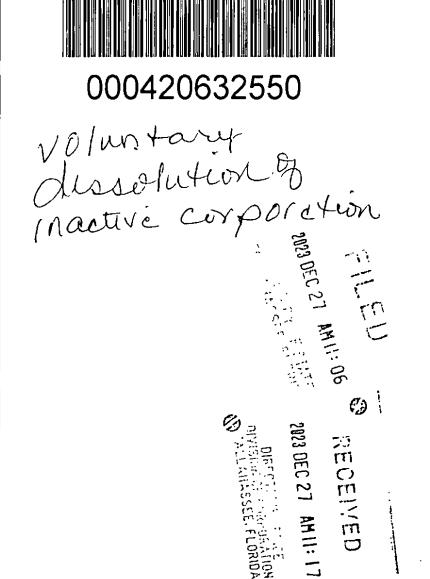
## D76279

(R	equestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
	usinoss Entitu Nama)	
(bi	usiness Entity Name)	
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Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	
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Office Use Only





A. RAMSEY DEC Q8 2023

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 228509 7721272

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 26, 2023

ORDER TIME : 8:44 AM

ORDER NO. : 228509-005

CUSTOMER NO: 7721272

## DOMESTIC FILINGS

NAME: AMERICAN INSTITUTE OF HEALTH

PROFESSIONS, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS:

## COVER LETTER

TO: Amendment Section Division of Corporations

Dissolution of American Institute of SUBJECT:	Health Professions, Inc.	
108000076279		
	70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
The enclosed Articles of Dissolution and t	fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Ariel Küsbenbaum		
(Name of	Contact Person)	
Salz Law Group LLC	,	
(Firm/Company)		
277 Fairfield Road, Suite 212		
A)	ddress)	
Fairfield, N1 07004		
(City/Sta	te and Zip Code)	
bor further information concerning this matter, please call:		
Ariel Kirshenbaum	973-251-2949	
(Name of Control 1)	at (	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
≅ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee. 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

FILEU

2023 DEC 27 AM 11: 06

THE STATE OF STATE OF

## 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: AMERICAN INSTITUTE OF HEALTH PROFESSIONS, INC.	
	FUR000076279	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 12/26/23	
	Effective date of dissolution if applicable:	
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
:	Signature:  Stephen Schwartz  1By 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)	
	Stephen Schwartz	
	(1) ped or printed name of person signing)	
	Chief Financial Officer	
•	(Thie of person signing)	
	Filing Fee: S35	