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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
subject: Dissolution of a Corporation
DOCUMENT NUMBER: P0900006446
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Savah Long (Name of Contact Person)
Long Life Nutrition inc. (Firm/Company)
8514 Blackstone Dr. (Address)
Colfax NC 27235 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Savah Long at (305)-205-9614 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$35 Filing Fee ★ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:			
	Long Life Nutrition inc.			
SECOND:	The document number of the corporation (if known): 7090000	6446		
THIRD:	The date dissolution was authorized. December 312019			
	Effective date of dissolution if applicable: December 31,30 (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing require not be listed as the document's effective date on the Department of State's records.	n file date)		
FOURTH:	: Dissolution was approved by the shareholders, in the manner required by this chapter an the articles of incorporation.			
		ر د		
		٠.		
				
:	Signature: Sunh Long	19		
	(By a director, president or other officer of 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)			
	Sarah Long			
	(Typed or printed name of person signing)			
	OWNEY (Title of person signing)			

Filing Fee: \$35