## 188007408

(Re	equestor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
D: 1: 0: M 10 1	
SUBJECT: Disolving Ojas Med Spa Inc.	
·	
DOCUMENT NUMBER: PO9000007408	
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Thomas Tomas	
(Name of Contact P	erson)
Ojas Med Spa Inc.	
(Firm/Compar	ny)
1232 W. Indiantown Rd. Building A Sui	te 107
(Address)	
Jupiter, Florida 33468	
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
Thomas Tomas at (	561 972-0882
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certific	S Filing Fee & \$\sum \\$52.50 Filing Fee, ed Copy Certificate of Status & onal copy is ed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FI 32314	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:
	Ojas Med Spa Inc.
SECOND:	The document number of the corporation (if known): PO900007408
THIRD:	The file date of the articles of incorporation: 1-26-09
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. $\omega$
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 tiduciary, by that fiduciary.)
	Thomas Tomas
	(Typed or printed name of person signing)
	Incorporator (Title of Person Signing)
	(0

Filing Fee: \$35