

P090000042035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

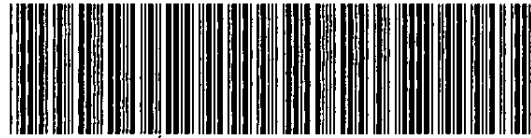
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800201987608

*less to
inactive*

04/19/11--01007--015 ***35.00

corp

2011 APR 19 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*AR
4/20/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution (2nd request)

DOCUMENT NUMBER: P09000042035

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

Please return all correspondence concerning this matter to the following:

Jeannette "Jett" Kerns

(Name of Contact Person)

Central Florida

(Firm/Company)

814 Missouri Ave

(Address)

St. Cloud FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

Jett Kerns

(Name of Contact Person)

at (407) 738-7412

(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 FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2011 APR 18 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CENTRAL FLORIDA . MASSAGE & WELLNESS CENTER, INC.

SECOND: The document number of the corporation (if known): P09000042035

THIRD: The file date of the articles of incorporation: 05/12/2009

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

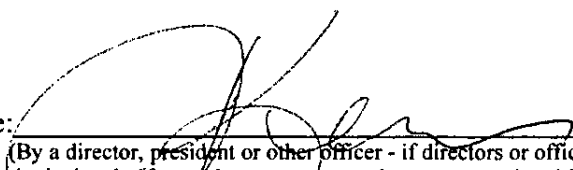
FIFTH: No debt of the corporation remains unpaid.

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.

Signature: 

(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.)

Jeannette Kerns

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CENTRAL FLORIDA MASSAGE & WELLNESS CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, address and phone number of claimant along with a detailed description of claim and supporting documentation for review.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Harley Law Offices, P.A.

Phyllis Harley, Esq.

4417 13TH STREET #177 SAINT CLOUD FL 34769

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jeannette Kerns

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00