

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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DISSOLUTION OR WITHDRAWAL
BEST THERAPY SOLUTIONS INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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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:

BEST THERAPY SOLUTIONS INC.

SECOND: The document number of the corporation (if known): P100000005540

THIRD: The date dissolution was authorized: 4-23-2010

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Andres Cofino
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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