## P10000011785

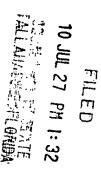
| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
|                         |                   |           |
| (Ad                     | dress)            |           |
|                         |                   |           |
| . (Ad                   | dress)            |           |
|                         |                   |           |
| (Cit                    | y/State/Zip/Phone | #)        |
|                         |                   |           |
| PICK-UP                 | WAIT              | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nan | ne)       |
|                         |                   |           |
| (Dc                     | cument Number)    |           |
| •                       | •                 |           |
| Certified Copies        | Certificates      | of Status |
| Ocitinod Oopies         |                   |           |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
| !                       |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         | <u></u> .         |           |

Office Use Only



900183485909

07/27/10--01012--006 \*\*35.00



X 1/270M

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |
|---|--|
| SUBJECT: Dissolution of Florida F   | Profit corporation   |
| DOCUMENT NUMBER: P10000011  | 1785   |
| The enclosed Articles of Dissolution and fe   | ee are submitted for filing.   |
| Please return all correspondence concerning   | this matter to the following:  |
| ALYSSA S. COHEN-FREEMAN   |  |
| (Name of C  | Contact Person)  |
| LIVE FREE AND WELL, INC.  |  |
| (Firm   | /Company)  |
| 7867 CATALINA CIRCLE  |  |
| (Ac   | ldress)  |
| TAMARAC, FL 33321   |  |
| (City/Stat  | e and Zip Code)  |
| For further information concerning this mat   | ter, please call:  |
| ALYSSA S. COHEN-FREEMAN   | at ( 954 ) 597-9154  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount  | nt:  |
| ✓\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status                                    | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 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

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 Sta  |             |  |  |
|----------|--|-------------|--|--|
|          | LIVE FREE > WELL, INC.   |             |  |  |
| SECOND:  | The document number of the corporation (if known): P10000011785  |             |  |  |
| THIRD:   | The file date of the articles of incorporation: 2/8/2010   |             |  |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   |             |  |  |
|          | None of the corporation's shares have been issued.   | ίε <b>→</b> |  |  |
|          | The corporation has not commenced business.  |             |  |  |
| FIFTH:   | No debt of the corporation remains unpaid.   | 27          |  |  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. | PH 1: 3;    |  |  |
| SEVENTH: | : Adoption of Dissolution (CHECK ONE)  | 1/3         |  |  |
|          | ✓ A majority of the incorporators authorized the dissolution.  |             |  |  |
|          | A majority of the directors authorized the dissolution.  |             |  |  |
|          |  |             |  |  |
| Sign     | nature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorpor          | ator - if   |  |  |
|          | in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)                                   |             |  |  |
|          | ALYSSA S. COHEN-FREEMAN (Typed or printed name of person signing)  |             |  |  |
|          |  |             |  |  |
|          | PRESIDENT (Title of Person Signing)  |             |  |  |
|          | · · · · · · · · · · · · · · · · · · ·  |             |  |  |

Filing Fee: \$35