

P10000017655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

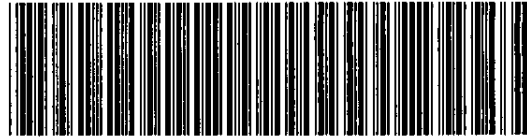
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100244519981

02/11/13--01025--014 **35.00

FILED
13 FEB 11 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2013
T. DEMMEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adoption of Dissolution

DOCUMENT NUMBER: P10000017655

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

Please return all correspondence concerning this matter to the following:

JUAN CARLOS RONDON
(Name of Contact Person)

BACK MASTERY REHABILITATION INC
(Firm/Company)

3157 N. UNIVERSITY DR, SUITE 103
(Address)

DAVIE, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN CARLOS RONDON at (954) 865 6144
(Name of Contact Person) (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

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

Back Mastery Rehabilitation Inc

SECOND: The document number of the corporation (if known): P10000017655

THIRD: The file date of the articles of incorporation: 02/25/2010

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**


(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

FILED
13 FEB 11 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JUAN CARLOS LONDON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35