P10000034936

(Requestor's Name)
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100170900191 05/25/10--01026--007 **70.00



DR 5/24/10

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLUT	ION
DOCUMENT NUMBER: P10000034936	
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
ALBA L GARCIA	
(Name of Contact Pers	son)
(Firm/Company))
14524 CABLESHIRE WAY	
(Address)	
ORLANDO FL 32824	
(City/State and Zip C	Code)
For further information concerning this matter, please of	eall:
	107) 285-4332
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 F Certificate of Status Certified (Addition enclosed	al copy is Certified Copy
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

FILED ARTICLES OF DISSOLUTION 28/18 MAY 25 AM 9:07

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	MARLY THERAPY CENTER INC	
SECOND:	The document number of the corporation (if known): P1000034936	
THIRD:	The file date of the articles of incorporation: 04/19/2010	
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.		
Sign	ature:	
Ü	(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.)	
AJAZ AFZAL		
	(Typed or printed name of person signing)	
	OFFICER President (Title of Person Signing)	

Filing Fee: \$35