

Sep. 2, 2014 2:14 PM

No. 6286 P. 1 of 1

P10000052023

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239) 936-7200
Fax Number : (239) 936-7997

**DISSOLUTION OR WITHDRAWAL
OLDE NAPLES NUVIVA MEDICAL WEIGHT LOSS INC**

Certificate of Status	0
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August 29, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OLDE NAPLES NUVIVA MEDICAL WEIGHT LOSS INC
201 8TH STREET SOUTH
SUITE 103
NAPLES, FL 34102

SUBJECT: OLDE NAPLES NUVIVA MEDICAL WEIGHT LOSS INC
REF: P10000052023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H14000199936
Letter Number: 914A00018627

RECEIVED
14 SEP -2 PM 2:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:
Olde Naples Nuviva Medical Weight Loss Inc

SECOND: The document number of the corporation (if known): P10000052023

THIRD: The date dissolution was authorized: August 1, 2014

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

Shareholders

(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)

Alexander Joseph

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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