

P100000099224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

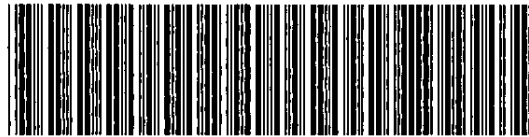
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



000242162020

01/11/13--01023--012 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN 11 PM 2:30

Diss.

JAN 14 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution of Shiatsu Wellness, Inc.

**DOCUMENT NUMBER:** P10000099224

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

Please return all correspondence concerning this matter to the following:

Shiugeen Chin, CPA

(Name of Contact Person)

Shiugeen Chin, CPA

(Firm/Company)

139 Centre street, Suite 824

(Address)

New York, NY 10013

(City/State and Zip Code)

For further information concerning this matter, please call:

Shiugeen Chin

(Name of Contact Person)

at ( 212 ) 513-0858

(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 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:  
Shiatsu Wellness, Inc

SECOND: The document number of the corporation (if known): P10000099224

THIRD: The date dissolution was authorized: December 20, 2012

Effective date of dissolution if applicable: Upon filing  
(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: X

31828  
(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)

Hongzhen Liu

(Typed or printed name of person signing)

President & Director

(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN 11 PM 2:30