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01/17/12--01025--017 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Healthy Connecti	ons, Inc.
DOCUMENT NUMBER: P11000034525	
The enclosed Articles of Revocation of Dissolution	on and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
David	L. Pence
Name of C	Contact Person
Healthy C	onnections, Inc.
Firm/	Company
308 \$	Schuyler Dr
Ad	ddress
Kettering.	Ohio 45429
·	and Zip Code
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, pl	ease call:
David L Pence Name of Contact Person	at (937) 294-0046 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	Area Code de Baytime Folephone (Valinoe)
\$35 Filing Fee \$\ Certificate of Status	S43.75 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2012

DAVID L. PENCE HEALTHY CONNECTIONS, INC. 308 SCHUYLER DRIVE KETTERING, OH 45429

SUBJECT: HEALTHY CONNECTIONS, INC.

Ref. Number: P11000034525

We have received your document for HEALTHY CONNECTIONS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 912A00001177

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ATTICLES OF DISSOLUTION
DOCUMENT NUMBER: P1 0000 34525
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Pence (Name of Contact Person)
Healthy Connections INC. (Firm/Company)
308 Schuyler Dr
308 Schuyler Dr (Address) Kettering, Ohio 45429 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (937) 294-0846 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 State:		
	Healthy Connections, INC.	
SECOND:	The document number of the corporation (if known): P11000 34525	•
THIRD:	The file date of the articles of incorporation: $\frac{4}{8}$ $\frac{201}{}$	
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.	
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	2012
SEVENTH:	Adoption of Dissolution (CHECK ONE)	JAN 30
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	PM 4: 24
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.)		
	David Penc-e (Typed or printed name of person signing)	
•	President (Title of Person Signing)	

Filing Fee: \$35