# P110000000537

(R	equestor's Name)	<u> </u>
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP		MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	
	Office Use Or	niv.



02/04/13--01055--011 \*\*35.00





### COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Name or Contact Person) (Firm/Company) (Address) (City/State and Zip Code)

For further information concerning this matter, please call:

ノat ( (Area Code & Daytime Telephone Number) (Mame of Contact Person)

Enclosed is a check for the following amount:

✿ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	Myo health INC			
SECOND:	SECOND: The document number of the corporation (if known): <u><u>P</u>11000066537</u>			
THIRD:	HIRD: The file date of the articles of incorporation: $\frac{28}{13}$			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	Anne 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 directors authorized the dissolution			
	APP STATE			
	MAULAN			
	(Typed or printed name of person signing-			
	Vres.			

Filing Fee: \$35

(Title of Person Signing)