P12000054565

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5/13/13

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution OF Corporation	
DOCUMENT NUMBER: 012000054565	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pedro Torres	
(Name of Contact Person)	
(Firm/Company)	
922 E 25th St	
(Address) HiALEAH, FL, 33013 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Podro Torres at (305) 836-3376 (Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\$\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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

FILED

Pursuant to articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following: 29
articles of di	SECPTIANT OF STATE TALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	EMPIRE PAIN & WellNess Confor Inc.
SECOND:	The document number of the corporation (if known): P12000054565
THIRD:	The file date of the articles of incorporation:
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: John A The
	(By a director, president of 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.)
	PEDRO J TOERES (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35