

P1200000 94429

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

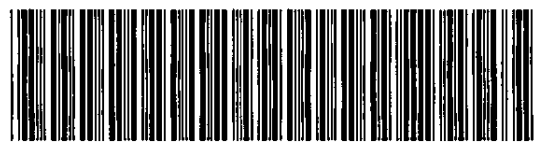
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
14 MAR -3 AM 2:21

Duss w/notice

MAR 06 2014  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
FEB-3 PM 1:15  
TALLAHASSEE, FLORIDA

February 17, 2014

NORA KORNHEISL  
BADEN WELLNESS CENTERS INC  
1235 OAKWATER DR  
ROYAL PALM BEACH, FL 33411 US

SUBJECT: BADEN WELLNESS CENTERS INC.  
Ref. Number: P12000094429

We have received your document for BADEN WELLNESS CENTERS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If it is your intent to file the enclosed notice of dissolution please complete the Description of Information that must be included in a claim and the mailing address where the claims can be sent.

If it is not your intention to file a Notice of Corporate Dissolution please detach that page and return the dissolution to this office for processing.

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 214A00003549

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF BADEN WELLNESS CENTERS INC

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

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

Please return all correspondence concerning this matter to the following:

**NORA KORNHEISL**

\_\_\_\_\_  
(Name of Contact Person)

**BADEN WELLNESS CENTERS INC**

\_\_\_\_\_  
(Firm/Company)

**1235 OAKWATER DR**

\_\_\_\_\_  
(Address)

**ROYAL PALM BEACH, FL 33411**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**NORA KORNHEISL** at ( **954** ) **790-2691**

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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:

Baden Wellness Centers Inc.

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

P12000094429

THIRD:

The date dissolution was authorized: AUGUST 16, 2013

Effective date of dissolution if applicable: FEBRYARY 07, 2014

(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.

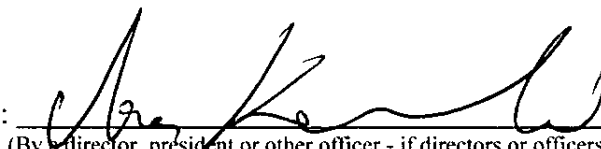
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

NORA KORNHEISL and WAFEEQ WAHEIDI

(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)

NORA KORNHEISL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAR -3 AM 2:21

**Filing Fee: \$35**

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BADEN WELLNESS CENTERS INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Business dissolved because of lack of support from overseas partner.  
There are no creditors, and no loans related to this business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1235 OAKWATER DR, ROYAL PALM BEACH, FL 33411

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

NORA KORNHEISL

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**