

P13 0000 14119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

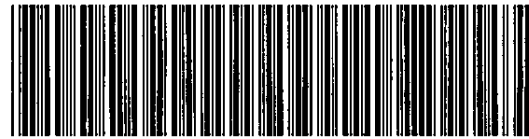
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258812146

04/18/14--01008--001 **35.00

FILED
14 APR 18 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P13000014119

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

Please return all correspondence concerning this matter to the following:

Kristel Abel
(Name of Contact Person)

Alchemy Healing
(Firm/Company)

3727 Sarasota Ct.
(Address)

Orlando, FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristel Abel at (407) 440-2052
(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~~ ^{files} the following articles of dissolution:

14 APR 18 AM 8:29

FIRST: The name of the corporation as currently filed with the ~~Florida Department of State:~~ ^{SECRETARY OF STATE:}
TALLAHASSEE, FLORIDA

Alchemy Wheeling

SECOND: The document number of the corporation (if known): P130000014119

THIRD: The date dissolution was authorized: 12/31/13

Effective date of dissolution if applicable: _____
(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: Kristel Abel
(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)

Kristel Abel
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35