14 FEB 26 PH 3: 02

BLEVALE IN (Shown below) on the top and bottom of all pages of the document. Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H14000047438 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL L & M THERAPY CENTER CORPORATION

FEB 26 2014

K. VVMILL

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H14000047438 ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: z	The name of the corporation as currently filed with the Florida Department of State:				
	L&M Therapy Center Corporat	non			
SECOND:	The document number of the corporation (if known): P1300006	,2280)		
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	ion file date)	,		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for diss	solutic	TK	
	☐ 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	SEGE	14 - 7		
		を記れている。	13 28		
. ,	(voting group)		<u> </u>		
7.		ORUM,	IC: 17		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)				
-	Leonel Alonso				
•	(Typed or printed name of person signing)				
	President		.:		
•	(Title of person signing)				

Filing Fee: \$35

H1400.0047438