

P130000068445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

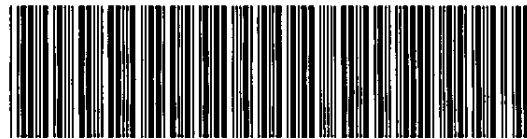
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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@ 4/16/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2014

SHANA HAWKINS
10889 N. US HWY 301
STE. 1
OXFORD, FL 34484

SUBJECT: PURE HEALTH AND FITNESS COMPANY
Ref. Number: P13000068445

We have received your document for PURE HEALTH AND FITNESS COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 414A00007388

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Pure Health and Fitness Company

SECOND: The document number of the corporation (if known): P13000068445

THIRD: The date dissolution was authorized: 3/28/14

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

Shana Hawkins

(voting group)

Signature: Shana R. Hawkins

(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)

Shana R. Hawkins

(Typed or printed name of person signing)

owner / President

(Title of person signing)

Filing Fee: \$35

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DEPARTMENT OF CONSUMER PROTECTION