Floridal Department of State Division of Corporations Electromic Filing Cover Sheet

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To:

Division of Corporations

Fax Number ; (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL LM THERAPY SERVICES CORP.

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SECRETARY OF SECRE

Corporate Filing Menu

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MAY 30 2018

S. YOUNG

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ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed					
	The name of the corporation as currently filed with the Florida Departs LM THERAPY SERVICES	ment of S	tate:			
SECOND:	The document number of the corporation (if known): PLS DO		<u>.</u> کید_۔	. 6		
THIRD:	The date dissolution was authorized: 5-29-18	00 8	<u>کڙ</u>	500		
	Effective date of dissolution if applicable:					
FOURTH:	(20 more than 90 days after diss Adoption of Dissolution (CHECK ONE)	olution file (bse)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for (lissol	ution		
	Dissolution was approved by the shareholders through voting groups	s.		ē		
	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	ALLAII	18 KAY	- r 1		
			29	Pil		
	(noting group)		呈	5		
S	ignanire: Lyacha	OKIOA	9: 44			
	(By a director, president of 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	, by , by				
	that Educary)					
-	LIANET MACHADO					
	(Typed or primed name of person signing)					
_	- PRESIDENI -					
	(Title of person signing)					