

FILED
Jul 14, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
QUEST HEALTH WELLNESS CHIROPRACTIC CENTER INC.

SECOND: The document number of the corporation: P14000030944

THIRD: The date dissolution was authorized: July 14, 2014
Effective date of dissolution: July 14, 2014

FOURTH: Dissolution was approved by the shareholders through voting groups.
The number of votes cast for dissolution was sufficient for approval by

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MORILUS DAT PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

QUEST HEALTH WELLNESS CHIROPRACTIC CENTER 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:

I DECIDED TO CLOSE MY CORPORATION

Mailing address where claims can be sent:

7104 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MORILUS DAT

Electronic Signature of the Person Filing