

P/4000049108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 23, 2014

DEBORAH A. MARTIN
THE HEALING LOCATION INC.
453 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211-7271

SUBJECT: THE HEALING LOCATION INC.
Ref. Number: P14000049108

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 314A00015751

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION, CHAPTER 607

DOCUMENT NUMBER: P14000049108

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

Please return all correspondence concerning this matter to the following:

DEBORAH A. MARTIN
(Name of Contact Person)

THE HEALING LOCATION INC.
(Firm/Company)

453 ARLINGTON RD. N
(Address)

JACKSONVILLE, FL. 32211
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH A. MARTIN at (904) 726-0143
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 607.1401, 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:

THE HEALING LOCATION INC.

SECOND: The document number of the corporation (if known): P14000049108

THIRD: The file date of the articles of incorporation: 06/04/2014

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

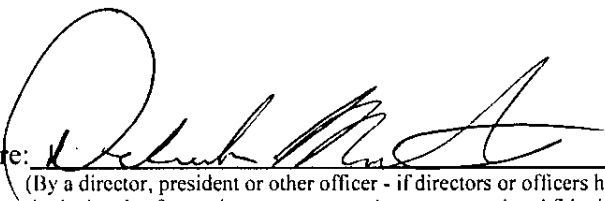
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: 

(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.)

DEBORAH A. MARTIN

(Typed or printed name of person signing)

DIRECTOR / OWNER

(Title of Person Signing)

Filing Fee: \$35 PAID

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