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

(((H150001691713)))



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: I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL BEE ME THERAPY ASSOCIATES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

H1500016917

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the follon:	owing articles	
FIRST:	The name of the corporation as currently filed with the Florida Department of	State:	
	Bee Me Thurapy Associates, Inc.		
SECOND:	The document number of the corporation (if known): P140000	00460	
THIRD;	The date dissolution was authorized: 1115		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution f	ile 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		
		75 DIV	
	(voting group)		
		IO IO	
		A PROPERTY OF THE PROPERTY OF	
	Signature: Ma Clerte Reef	66 (25) (25)	
	(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)	<u> </u>	
	Maria Celeste Ramirez (Typed or printed name of person (Gring)		
	President		
	(Title of person signing)		

Filing Fee: \$35