

P15000000885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

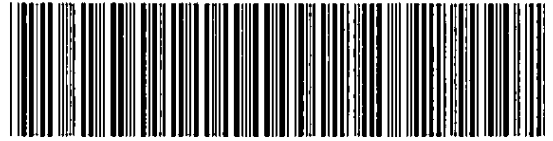
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300406668413

*dissolution with
notice*

2023 APR 28 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 APR 28 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY
MAY - 4 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/28/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1143332

ORDER ENTITY
YOUR WELLNESS CONNECTION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
YOUR WELLNESS CONNECTION, INC. (FL)

File the attached dissolution document

NOTES:
\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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:
YOUR WELLNESS CONNECTION, INC.

SECOND: The document number of the corporation (if known): P15000000885

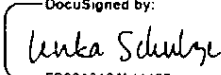
THIRD: The date dissolution was authorized: 4/28/2023

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

DocuSigned by:

Signature: _____
F500A3197541490

(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)

Lenka Schulze

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: YOUR WELLNESS CONNECTION, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

4/28/2023

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

All claims shall be presented in writing and shall identify the claimant and contain sufficient information to reasonably
inform the corporation of the substance of the claim.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Hahn Loeser & Parks LLP

5811 Pelican Bay Boulevard, Suite 650

Naples, FL 34108

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.

Lenka Schulze, Chief Executive Officer

Printed Name of the Person Filing

DocuSigned by:

Lenka Schulze

1803A3107541490

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00