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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Psychic Visions	Of SWFL, Inc.		
DOCUMENT NUMBER: P15000	020702		
The enclosed Articles of Dissolution and f	ee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Julie A Johnson			
(Name of	Contact Person)		
Psychic Visions Of SWFL, Inc.			
(Firm/Company)			
2302 S Del Prado Blvd			
(A	ddress)		
Cape Coral, FL 33990			
(City/Sta	te and Zip Code)		
For further information concerning this man	tter, please call:		
Julie A Johnson	at (239) 573-1117		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou	nt:		
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$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: Psychic Visions Of SWFL, Inc. The document number of the corporation (if known): P15000020702 SECOND: The file date of the articles of incorporation: March 25, 2015 THIRD: 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: He We William Signature: Byla 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.)

Julie A Johnson

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35