

P150000 22983

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

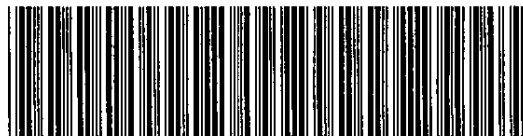
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies ☒ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000274327800

06/29/15--01018--013 \*\*43.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 29 PM 4:00

JUL 07 2015

T CANNON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLOSE ORIENTAL PEARL HEALTH INC

**DOCUMENT NUMBER:** P15000022983

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

Please return all correspondence concerning this matter to the following:

ZENG BIN YAO

(Name of Contact Person)

ORENTAL PEARL HEALTH INC

(Firm/Company)

C/O 41-60 MAIN ST 206B

(Address)

FLUSHING, NY 11355

(City/State and Zip Code)

For further information concerning this matter, please call:

ZENG BIN YAO

(Name of Contact Person)

at (718) 460-5941

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ORENTAL PEARL HEALTH INC

**SECOND:** The document number of the corporation (if known): P15000022983

THIRD: The date dissolution was authorized: 5/31/2015

Effective date of dissolution if applicable:

**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: 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

(voting group)

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)

ZENG BIN YAO

(Typed or printed name of person signing)

PERIDENT

(Title of person signing)

15 JUN 29 PM 4:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA