

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000344745 3)))



H190003447453ABC4

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 : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

**DISSOLUTION OR WITHDRAWAL
ADVANCED THERAPY & WELLNESS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN
DEC - 5 2019

RECEIVED

2019 NOV 26 AM 9:30

11/26

2019 NOV 26 AM 11:52

310

(((H19000344745 3)))

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:
ADVANCED THERAPY & WELLNESS, INC.
- SECOND: The document number of the corporation (if known): P15000063146
- THIRD: The date dissolution was authorized: November 1, 2019
- Effective date of dissolution if applicable: Upon Filing
(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: 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:

Gene M. Bernstein
(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)

Gene M. Bernstein

(Typed or printed name of person signing)

President

(Title of person signing)

2019 PM 12:26 AM 11:52

(((H19000344745 3)))

((H19000344745 3)))

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: ADVANCED THERAPY & WELLNESS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, mailing address, and telephone number of claimant, a reasonably detailed description of the nature of the claim with amount; and the date (estimated if necessary) on which the claim arose.

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

Advanced Therapy & Wellness

c/o Gene Bernstein

31 South Hill Street

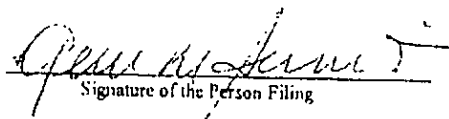
South Hampton, NY 11968

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.

ADVANCED THERAPY & WELLNESS, INC.

By: Gene M. Bernstein, President

Printed Name of the Person Filing


Signature of the Person Filing

((H19000344745 3)))

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