P15000095002

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COVER LETTER

TO: Amendment Section Division of Corporations BLUELIGHT HEALTH CORPORATION **SUBJECT:** P15000095002 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **IDANIA FIGUEROA** (Name of Contact Person) (Firm/Company) 6950 W 6TH AVENUE #311 (Address) HIALEAH, FL 33014 (City/State and Zip Code) For further information concerning this matter, please call: IDANIA FIGUEROA (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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: BLUELIGHT HEALTH CORP
SECOND:	The document number of the corporation (if known): P15000095002
THIRD:	The file date of the articles of incorporation: 11/25/2015
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.
Sign	ature: (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.)
	IDANIA FIGUEROA
	(Typed or printed name of person signing) PRUMDENT (Till of Person Similar)

Filing Fee: \$35