

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Busine	ess Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



900290840859

10/04/16--01006--020 \*\*35.00

ND

OCT 07 2016

R. WHITE



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: Ru Yi Spa Inc	
DOCUMENT NUMBER: P160	00000448
The enclosed Articles of Dissolu	tion and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Yongmei Cai	
(	Name of Contact Person)
Youngmei Corp	
	(Firm/Company)
601 N Congress Ave, Ste 412	
	(Address)
Delray Beach, FL, 33445	
	(City/State and Zip Code)
For further information concerning	g this matter, please call:
Irene Cai	at () 699-7886
(Name of Contact Person	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:
■ \$35 Filing Fee □ \$43.75 Filin Certificate o	rg Fee & Substitute Status Sub
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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:  Ru Yi Spa Inc		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
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.	<u>1</u> 6	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	0CT -3	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	=: >3 :>3	
,	☐ A majority of the directors authorized the dissolution.		
Sign	ature: (X) For G		
	(Typed by printed name of person signing)		
	president		
	(Title of Person Signing)		

Filing Fee: \$35