

PI6000053643

(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



500287931285

07/15/16--01028--021 **35.00

2016 JUL 15 AM 8:09

SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUL 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORP. HAS NO ISSUED SHARES OR COMMENCED BUSINESS

DOCUMENT NUMBER: P16000053643

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

Please return all correspondence concerning this matter to the following:

DIANE LUFF

(Name of Contact Person)

(Firm/Company)

222 DORSET F

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIAN RALEY

(Name of Contact Person)

at (561) 734-1451

(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

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 JUL 15 AM 8:09

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:
WELLNESS REHAB USA THERAPY, INC

SECOND: The document number of the corporation (if known): P16000053643

THIRD: The file date of the articles of incorporation: 06/20/2016

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.

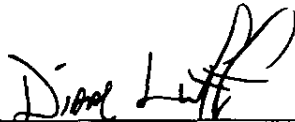
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: _____



(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.)

DIANE A LUFF

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2016 JUL 15 AM 8:09

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: WELLNESS REHAB USA THERAPY, 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:

EXACT DESCRIPTION OF CLAIM & SPECIFIC DOLLAR AMOUNTS.

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

222 DORSET F

BOCA RATON, FL 33434

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.

DIANE A LUFF

Printed Name of the Person Filing

DIANE LUFF

Signature of the Person Filing

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