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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL JOY MENTAL HEALTH, INC.

Certificate of Status	0
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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:
	Joy Nerdal Health INC.
SECOND:	The document number of the corporation (if known): P 180000 1340/
THIRD:	The date dissolution was authorized: 9/12/2023
	Effective date of dissolution if applicable: (no more than 90 days after d ssolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of voices east for was sufficient for approval.
	was sufficient for approval. Dissolution was approved by the shareholders through voting groups 2
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes east for dissolution was sufficient for approval by
	(voting group)
	D. J
	Signature: (By addirector, 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 fice ciary, by that fiduciary)
	Mario C Moli° a (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	VP
	(Title of person signing)

Filing Fee: \$35