# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055

Fax Number : (305)644-3052

## DISSOLUTION OR WITHDRAWAL

### UNIVERSAL BIOMAGNETISM AND MORE INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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TO: Amendment Section

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#### COVER LETTER

Division of Corporations	
SUBJECT:	SM AND MORE INC
DOCUMENT NUMBER: P18000033	076
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
ENNA DIEPPA	
(Nan	ne of Contact Person)
KIJOENNA SERVICES INC	
	(Firm/Company)
2141 SW 1 ST STE. 110	
	(Address)
MIAMI FL 33135	
(Ci	ty/State and Zip Code)
For further information concerning th	is matter, please call:
ENNA DIEPPA	7864997132 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
■ \$35 Filing Fee	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### 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: UNIVERSAL BIOMAGNETISM: AND MORE INC		
SECOND:	The document number of the corporation (if known): P18000033076		
THIND:	The date dissolution was authorized: 04/04/2022		
	Effective date of dissolution if applicable:  (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
	Signature:		
	that fiduciary)  SANDRA REYES		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

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: UNIVERSAL BIOMAGNETISM: AND MORE INC The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: NO ACTIVITY Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. SANDRA REYES Printed Name of the Person Filing

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