Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit pumber (shown below) on the top and bottom of all pages of the document.

(((H19000277898 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 F⊇x Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL DORAL CENTER OF ALTERNATIVE MEDICINE INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

å5

Corporate Filing Menu

Help

ARTICLES OF DISSOLUTION

| _ | |
|-----------------------------|--|
| Pursuant to of dissoluti | section 607.1403, Florida Stafutes, this Florida profit corporation submits the following article |
| | |
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| | Doral Center of Other Time Plant Department of State: |
| 6200 | - SCHOOL OF MITCHDANCE MECHCINE INC. |
| SECOND: | The document number of the corporation (if known): P 900058666 |
| THIRD: | The date dissolution was authorized: Scotember 16, 2019 |
| | Effective date of dissolution if applicable |
| **** | (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | ☐ Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | (voting group) |
| | (· o · · · · · · · · · · · · · · · · · |
| | |
| s | ignature: |
| | (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) |
| _ | Deyvis BAEZ |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

Filing Fee: \$35