

P20000060234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

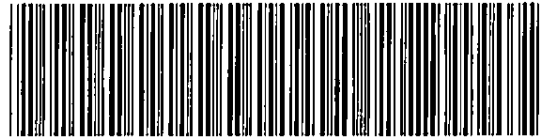
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION SOUL MENTAL HEALTH, INC

DOCUMENT NUMBER: P20000060234

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

Please return all correspondence concerning this matter to the following:

GABRIELA SEGNINI

(Name of Contact Person)

SOUL MENTAL HEALTH INC

(Firm/Company)

2598 E SUNRISE BLVD. STE 2104 OFFICE 2079

(Address)

FORT LAUDERDALE, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIELA SEGNINI

(Name of Contact Person)

954 624 6929

at (

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL
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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:
SOUL MENTAL HEALTH INC


SECOND: The document number of the corporation (if known): P20000060234

THIRD: The date dissolution was authorized: 11/30/2024

Effective date of dissolution if applicable: 11/30/24
(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: 
(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)

GABRIELA SEGNINI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FL

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: SOUL MENTAL HEALTH INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 11/30/2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

voluntary dissolution

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

2598 E SUNRISE BLVD. STE 2104 OFFICE 2079 FORT LAUDERDALE, FL 33304

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.

GABRIELA SEGNINI

Printed Name of the Person Filing



Signature of the Person Filing

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SECRETARY OF STATE
TALLAHASSEE, FL

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