

P2100031483

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

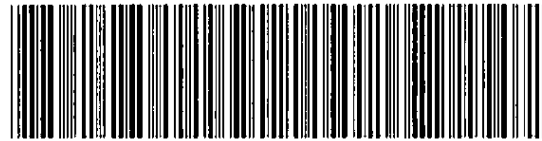
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2023 JAN 17 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FL



2023 JAN 17 PM 2:54

1/18/2023

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**DATE: 01/17/23**

**NAME: ATLANTIX CARE BETTER LIVING, INC**

**TYPE OF FILING: DISSOLUTION**

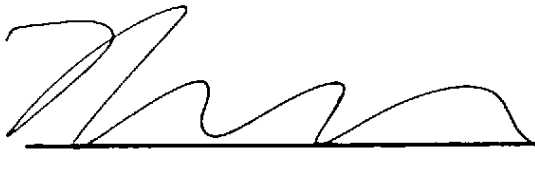
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantix Care Better Living, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P21000031483  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Clifford Esher  
\_\_\_\_\_

(Name of Contact Person)

Polsinelli PC  
\_\_\_\_\_

(Firm/Company)

One International Place, Suite 3900  
\_\_\_\_\_

(Address)

Boston, MA 02110  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Esher  
\_\_\_\_\_

(Name of Contact Person)

(617) 406-0338

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

FILED

ARTICLES OF DISSOLUTION

2023 JAN 17 AM 8:51

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:

Atlantix Care Better Living, Inc.

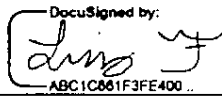
SECOND: The document number of the corporation (if known): P21000031483

THIRD: The date dissolution was authorized: January 17, 2023

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:   
ABC1C861F3FE400...  
(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)

Luis Fernandez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35