

P 22 000012044

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 number (shown below) on the top and bottom of all pages of the document.

((H24000081323 3)))



H240000813233ABCK

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 : I20000000019
Phone : (305)552-5973
Fax Number : (305)575-5944

DISSOLUTION OR WITHDRAWAL
MIALEY HEALTH CORP

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

FILED
2024 FEB 29 AM 9:16
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

Electronic Filing Menu

Corporate Filing Menu

Help

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:
MIALEY HEALTH CORP

SECOND: The document number of the corporation (if known): P22000012046

THIRD: The date dissolution was authorized: 02/28/2024

Effective date of dissolution (if applicable): 02/28/2024

(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)

Signature:

LEYDA PENA

(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)

LEYDA PENA

(Typed or printed name of person signing)

(PRESIDENT)

(Title of person signing)

Filing Fee: \$35

FILED
2024 FEB 29 AM 9:17
ALAHASSEE, FL