

P23000070161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

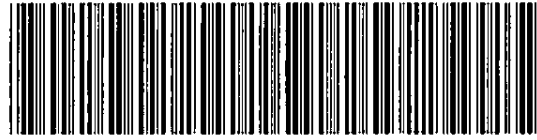
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400425590504

dissolution

2024 MAR 11 PM 12:29

FILED

TALLAHASSEE, FLORIDA

2024 MAR 11 PM 12:00

RECEIVED

A. RAMSEY

MAR 12 2024



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 03/11/2024


Name: Patrice Rush

Reference #: 2295374

Entity Name: MIND GLOW HEALTH INC.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$35.00

Signature: 

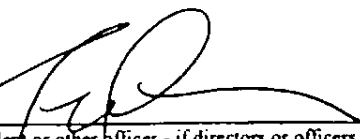
FILED

2024 MAR 11 PM 12 29

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
Mind Glow Health Inc.
- SECOND: The document number of the corporation (if known): P23000070161
- THIRD: The file date of the articles of incorporation: September 29, 2023
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders. if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

Sherief Moustafa

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35