P24000001268

	(Requestor's Name)		
	(Address)		
(Address)			
(r 1860, 1864)			
	(City/State/Zip/Phone #)		
	(Oity/Otate/Zip/Frione #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Conies	Certificates of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: DISSOlution		
DOCUMENT NUMBER: P240000 01268		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Erin Gill		
(Name of Contact Person)		
Lotus Flower Candles & Wellness Company		
625-13 Kailroad Sqare		
Tallahasser Fl 32310		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Erin Gill at (850 - 445 3740		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
▼\$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:		
	Lotus Flower Cardles + Wellness Company		
SECOND:	The document number of the corporation (if known): P2400001268		
THIRD:	The date dissolution was authorized: OCT 30 2024		
	Effective date of dissolution if applicable: Oct 30 2024		
	(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 wi 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.		
	<u>. E:</u>		
	4		
	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)		
	Erin Gill		
	(Typed or primed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35

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: Lutus Flower Cand	les + Wellness C
The above named corporation is the subject of dissolution and the effective	we date of a dissolution is: $\underline{00+30}$
(date filed with the Dept. if date specified in the Artic	eles of Dissolution)
Description of information that must be included in a claim:	
Closing to open Non-Profit P	eligious Inc.
	2.
	·
	 လ
Mailing address where written claims can be sent: (Claims cannot be sent $29.5 \le 10.00$)	
2915 Sharer Rd #1611 Tall ahassee #1 32312	
A claim against the above named corporation will be barred unless a processible described for the Gline of this parties.	eeding to enforce the claim is commenced
within 4 years after the filing of this notice.	
Printed Name of the Person Filing	Da
Frince is an ever the rerson billing	Signature of the Person Filing

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