

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HEALING HARMONY MASSAGES CORP

SECOND: The document number of the corporation: P24000059200

THIRD: The file date of the articles of incorporation: September 16, 2024

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.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: OSLAYDIS CRUZ YERA

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
Oct 21, 2024
Secretary of State

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.

Name of Corporation:

HEALING HARMONY MASSAGES CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

ALL CLAIMS AGAINST HEALING HARMONY MASSAGES CORP MUST INCLUDE THE CLAIMANT's NAME, NATURE OF THE CLAIM, AMOUNT, AND SUPPORTING DOCUMENTATION. CLAIMS MUST BE SUBMITTED WITHIN 120 DAYS FROM THE DISSOLUTION DATE.

Mailing address where claims can be sent:

9440 CARIBBEAN BLVD
MIAMI, FL 33189 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: OSLAYDIS CRUZ YERA

Electronic Signature of the Person Filing