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COVER LETTER

Division of Corporations					
suвjест: Equi-Massage, Inc.	,				
DOCUMENT NUMBER:					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stephanie B. Black					
(Name of Person)					
Equi-Massage, Inc.					
(Name of Firm/Com	pany)				
1800 Brooks Lane					
(Address)					
Oviedo, FL 32765					
(City/State/and Zip	Code)				
For further information concerning this matter, please	e call:				
Stephanie B. Black at (407) 927.7286				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
	cd Copy Certificate of Status & Certified Copy				
MAILING ADDRESS:	STREET ADDRESS:				
Amendment Section	Amendment Section Division of Corporations				
Division of Corporations P.O. Box 6327	409 E. Gaines Street				
Tallahassee, Florida 32314	Tallahassee, Florida 32399				

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:					
	Equi-Massage, Inc.					
SECOND:		ation (if known):	940000	7U59:		
THIRD:	The date dissolution was authorized: December 31, 2004					
	Effective date of dissolution if appli-		nan 90 days after dissolution	file date)		
FOURTH:	Adoption of Dissolution (CHECK C	NE)		· · · · · · · · · · · · · · · · · · ·		
	Dissolution was approved by the was sufficient for approval.	shareholders. The	number of votes cast i	for dissolution		
	Dissolution was approved by of	the shareholders thr	ough voting groups.			
	The following statement must be sep to vote separately on the plan to dis		r each voting group ei	ntitled		
	The number of votes cast for dissolut	ion was sufficient f	or approval by			
Stephanie B. Black						
	(voting	· -				
	Signed this 31 day of Dec	cember				
	Signature: (By a director, president or other office an incorporator - if in the hands of a rethat fiduciary)			<u> </u>		
	Stephanie B. Black		. ســ	0,0		
	(Typed or printed name	of person signing)	E	SE .		
	President		AHASS	OS SEP -1 R		
	(Title of person si	gning)	Ţ	ED STAT		
	Filing Fee:	335		92 S		