

P96000084675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

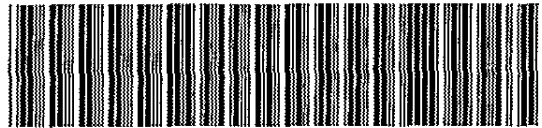
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000008944770

11/14/02--01108--007 \*\*43.75

FILED  
02 NOV 14 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ac. 11-19  
dissol

JORDAN IFANTIDES  
5774 RIVERSIDE DR  
CAPE CORAL FL 33904  
(239) 945-2755

DIVISION OF CORPORATIONS  
BOX 6327  
TALLAHASSEE FL 32314

HEALTHY HORIZON  
REF: DISSOLUTION  
OF CORP.

DEAR SIR,

WE ARE HEREBY REQUESTING THE  
DISSOLUTION OF CORP "HEALTHY HORIZONS INC"  
AS SOON AS POSSIBLE. ~~OUR~~ DECISION  
WAS TAKEN ON SEPT-20-2002.

PLEASE SEND US A CERTIFIED COPY AT  
THE ABOVE ADDRESS.

THANK YOU  
*J. Ifantides*

## 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 is: HEALTHY HORIZONS INC.

SECOND: The date dissolution was authorized: 9/20/02

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

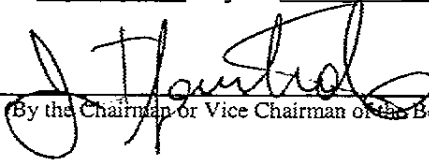
☐ Dissolution was approved by vote of the shareholders through voting groups.

*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

Signed this 28<sup>th</sup> day of OCTOBER, 2002

Signature



By the Chairman or Vice Chairman of the Board, President, or other officer)

JORDAN INFANTIDE

(Typed or printed name)

PRESIDENT

(Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 14 PM 3:51

FILED