## P96000093564

	731 Kir Orlando City/Stale	questor's Name  Kman Road  Address  FL 32811  Zip Phone #  NAME(S) & DOCUMENT NUM	Office Use IBER(S), (if known):	Only State of the
	(Сог	noration Name) (D	ocument #)	
	2 (Con	poration Name) (D	ocument #)	
			ocument #) 500002 -09/09 ocument #) ******	2877059 /97-01164-009 <del>35,00 ***</del> **35.00
	☐ Walk in ☐ Mail out ☐	Pick up time  Will wait  Photocopy	Certified Copy  Certificate of Sta	- ⊋: .co
2	NEW FILINGS	AMENDMENTS 15.1.2	- 1	RECHIVED 7.0028 1018:44
	Profit	Amendment		10 20 E
	NonProfit	Resignation of R.A., Officer/ Dure	ector	
	Limited Liability	Change of Registered Agent		011787470 (11.6.17) (12.7.17)
	Domestication	Dissolution/Withdrawal		
	Other	Merger		€6
ţ	OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION  Foreign	No.	
	Fictitious Name Name Reservation	Limited Partnership	Vold:S	. ¥I
L		Reinstatement	1) oldis	
		Trademark	<b>U</b> . = =	
		Other		

Examiner's Initials

## ARTICLES OF DISSOLUTION

FILED 97 AUG 28 PH 12: 35 SECRETAL TALLARADSET FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: NOVIA NUTRITIONALS, INC.			
SECOND:	The date dissolution was authorized: 8-11-97			
THIRD:	Adoption of Dissolution (CHECK ONE)			
Disse was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.			
Dissolution was approved by vote of the shareholders through voting groups.				
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:			
The	number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
Signe	d this $19$ day of $AU6UST$ , 19 $97$			
Signature _	(By the Chairman of Vice Chairman of the Board, President, or other officer)			
	THOMAS CIOLA (Typed or printed name)			
	8-19-97 (Title)			