P97000051750

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Orange Belt Relab + Mobility Inc.
DOCUMENT NUMBER: P97 0000 5/750
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judson King (Name of Person)
(Name of Firm/Company)
125 S. Palmetto Avenue (Address)
(Address)
Drytona Beach FL 32/14 (City/State/and Zip Code)
For further information concerning this matter, please call:
Judson King at (386) 253-6/10 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 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 Department of State:				
	ORANGE BELT RE	HAB & MOBILITY, INC.		》 第二	
SECOND:	The document nun	nber of the corporation (if know	rn): P97000051750		
THIRD:	The date dissolution was authorized: 12/14/2004				
	Effective date of d	issolution <u>if applicable</u> : 12/31/2 (no mor	004 re than 90 days after dissolution fi	le date)	
FOURTH:	Adoption of Disso	lution (CHECK ONE)			
	Dissolution was was sufficient:	s approved by the shareholders for approval.	. The number of votes cas	t for dissolution	
	☐ Dissolution wa	s approved by of the shareholde	ers through voting groups		
		statement must be separately pr on the plan to dissolve:	ovided for each voting gr	oup entitled to	
	The number of	votes cast for dissolution was s	sufficient for approval by		
	(voting group)				
;	Signed this 14th	day of _December	, 2004		
Signatu	re:	Block			
		ent or other officer - if directors or officers ceiver, trustee, or other court appointed fi		corporator -	
	IRA B. AI	OAMS (Typed or printed name of person si	gning)		
	President	& Director (Title of person signing)			

Filing Fee: \$35