

P97000062807

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fit America of Sarasota,
Inc.

500002772575--8
-02/11/99--01016--019
*****87.50 *****43.75

RECEIVED

99 FEB 11 AM 10:47

DIVISION OF CORPORATION

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ ☒ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF DISSOLUTION BY
DIRECTOR OF FIT AMERICA OF SARASOTA, INC.**

To: Department of State
Tallahassee, Florida 32314

Date paid: _____
Filing Fee: \$ _____

Pursuant to the provisions of Section 607.1401 of the Florida Business Corporation Act, the undersigned, being the sole director of the corporation adopts the following articles of dissolution:

1. The name of the corporation is FIT AMERICA OF SARASOTA, INC.
2. The date of filing of its articles of incorporation is July 21, 1997.
3. None of the corporation's shares have been issued.
4. No debts of the corporation remain unpaid.
5. A majority of the directors authorize that the corporation be dissolved.


Dated: 2/10/99


GARY BENJAMIN, Director

STATE OF FLORIDA)
) SS.
COUNTY OF SARASOTA)

The foregoing ARTICLES OF DISSOLUTION were acknowledged before me this 10th day of February, 1999 by GARY BENJAMIN, who is personally known to me and who, upon first by me being duly sworn, deposes and says that the foregoing is true and correct to the best of his knowledge, information, and belief.

SWORN TO AND SUBSCRIBED before me this 10th day of February, 1999.


Print Name Here: _____
Notary Public, State of Florida
My Commission Expires _____
E Joels
My Commission CC773082
Expires September 7, 2002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA