

P97000076/93

Requestor's Name

Address

HARGROVE

Accounting & Tax Service

1201 N. COLUMBIA STREET/P.O. BOX 653
MILLEDGEVILLE, GEORGIA 31061

Office Use Only

NUMBER(S), (if known):

500002593285--1

-07/20/98--01092--018

*****35.00 *****35.00

(Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
98 JUL 31 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VOID IS
102683

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 22, 1998

HARGROVE ACCOUNTING & TAX SERVICE
PO BOX 653
MILLEDGEVILLE, GA 31061

SUBJECT: ASHTON MASSAGE THERAPY, INC.
Ref. Number: P97000076193

We have received your document for ASHTON MASSAGE THERAPY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 698A00038740

Questions and correspondence can be directed to Genie H. Hargrove,
PO Box 653, Milledgeville, GA 31061, (912) 453-7531

ARTICLES OF DISSOLUTION

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

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98 JUL 31 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: ASTON MASSAGE THERAPY, INC.

SECOND: The date dissolution was authorized: 6/26/98

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

(voting group)

Signed this 30TH day of JULY, 19 98

Signature _____

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

GENIE H. HARGROVE
(Typed or printed name)

PRESIDENT
(Title)