

P97000093627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

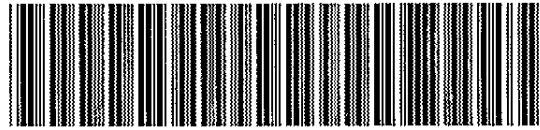
(Business Entity Name)

(Document Number)

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RECEIVED  
03 APR 24 PM 10:32  
DIVISION OF CORPORATION

FILED  
2003 APR 24 PM 12:03  
TALLAHASSEE, FLORIDA

C. Coulllette APR 24 2003

Charter Number Only

April 22, 2003.

Peter Guber

Requestor's Name

9100 South Dadeland Blvd. #910

Address

Miami, FL 33136.

City

State

ZIP

Phone

670-1010B

VALIDATION ONLY

CORPORATION(S) NAME

To Health, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait          | <input checked="" type="checkbox"/> Pick Up         |
| <input type="checkbox"/> Will Wait           | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out                   |

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Empire Toll Free: 1-800-432-3028

**ARTICLES OF DISSOLUTION**  
**OF**  
**TO HEALTH, INC.**

I, the undersigned, President, and Secretary of TO HEALTH, INC., ASSOCIATES, INC., a corporation duly organized under the laws of the State of Florida, do hereby for the purpose of complying with the provisions of 607.267 of the laws of the State of Florida, in relation to the Voluntary Dissolution of Corporations, execute these Articles of Dissolution and do hereby make the following statements as required by Florida law:

1. The name of the corporation is TO HEALTH, INC.
2. The date of dissolution of the Corporation is April 1, 2003.
3. The names and respective addresses of its directors are as follows:

Lesley Spektor - Director  
6801 S.W. 135<sup>th</sup> Street  
Miami, Florida 33156

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4. All debts, obligations and liabilities of the Corporation have been paid and there are no outstanding debts, obligations and liabilities of the Corporation.
5. All other remaining property and assets of the Corporation have been distributed among its shareholders in accordance with their respective rights and interests.
6. There are no actions pending against the Corporation in any court.
7. The Corporation has elected voluntarily to dissolve by the consent of a majority of the shareholders which, pursuant to the Articles and Bylaws of the Corporation, constitutes a vote sufficient for such approval.

Attested to:

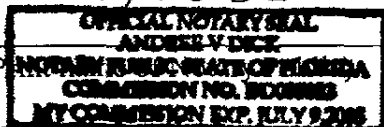
Angela E. Hernandez  
Witness  
Angela E. Hernandez  
(Print name of Witness)

Lesley A. Spektor  
Lesley Spektor

Maria Infante  
Witness  
Maria Infante  
(Print name of Witness)

STATE OF FLORIDA                     )  
  : §  
COUNTY OF MIAMI-FLORIDA        )

The foregoing instrument was acknowledged before me on this 21 day of April, 2003, Lesley Spektor, who personally appeared before me at the time of notarization and is/is not personally known to me, and who did/did not take an oath.

Andree V. Dick  
Notary Public, State of Florida  
Andree V. Dick  
  
(P) My Commission Expires: \_\_\_\_\_  
My Commission Expires:

(Seal)