

P98000011655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/06/11--01006--018 **35.00

FILED
11 APR -6 AM 9:43
TALLAHASSEE, FLORIDA

*Fc Diss/Wake
4/7/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P 98 0000 11 655

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geneva Ferral
(Name of Contact Person)

DWC
(Firm/Company)

2740-1 Capital Circle NE
(Address)

Tallahassee FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Geneva Ferral at () 386-8282
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Pathway Wellness Centre, INC.

SECOND: The document number of the corporation (if known): P 980000 11655

THIRD: The file date of the articles of incorporation: 2/5/1998

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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Signature: _____

Geneva Farrah

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Geneva Farrah

(Typed or printed name of person signing)

Owner

(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pathway Wellness Centre

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, Date, Amount, Account #, signature of officer as
proof of claim. Copies of Contract

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

~~6729~~ 2740-1 Capital Circle NE
Tallahassee, FL 32308

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Geneva Farrah
Printed Name of the Person Filing

Geneva Farrah
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00