

308800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

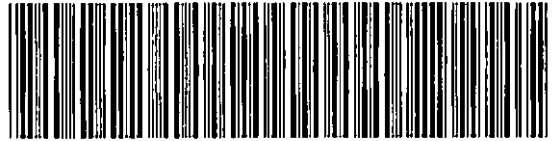
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600362424226

03/26/21--01017--003 **43.75

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 26 PM 3:19

FILED

N. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a Corporation

DOCUMENT NUMBER: 308800

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

Please return all correspondence concerning this matter to the following:

GLADYS ROBINSON
(Name of Contact Person)

PROFESSIONAL SERVICE LAB, INC.
(Firm/Company)

118 TIMBER LANE
(Address)

JUPITER, FL. 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

GLADYS ROBINSON at (561-262-8561)
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Florida Department of State:

PROFESSIONAL SERVICE LAB, INC.

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

308800

THIRD: The date dissolution was authorized:

9/30/2020

Effective date of dissolution if applicable:

9/30/2020

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

FILED
2021 MAR 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FL

Signature: _____

Gladys Robinson - Pres.

(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)

GLADYS ROBINSON

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED

Notice of Corporate Dissolution

2021 MAR 26 PM 3: 20

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. TALLAHASSEE, FL

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

Name of Corporation: PROFESSIONAL SERVICE LAB, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

9/30/2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Not Applicable — Voluntary dissolution.

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

not applicable — Business/Corporation
closed.

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.

GLADYS ROBINSON
Printed Name of the Person Filing

Gladys Robinson
Signature of the Person Filing

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