

388959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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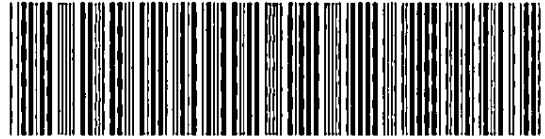
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OF COUNSEL:
ALAN H. PRATHER (1949-2023)

PORGES, HAMLIN,
KNOWLES & DEPAOLA, PA.

November 30, 2023

Via Certified Mail

*BOARD CERTIFIED REAL ESTATE LAWYER
#BOARD CERTIFIED IN CONDOMINIUM AND
PLANNED LAND DEVELOPMENT LAW
**ALSO ADMITTED IN NEW YORK

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: ALPHA-MEDICAL LAND CORPORATION
Articles of Dissolution
OFN: 1350-01

Dear Sir or Madam:

Enclosed please find the fully-executed Articles of Dissolution for the above-referenced for-profit corporation. Also enclosed is a check for \$35.00 to provide payment for the filing fee. Please process the filing of the Articles of Dissolution as soon as possible. The effective date of the dissolution will be December 31, 2023.

If you have any questions, please do not hesitate to call me at 941.748.3770. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason M. DePaola', is written over a large, stylized oval flourish.

Jason M. DePaola
Firm Principal
Email: jmd@phkdlaw.com

JMD:jms
Enclosures (2)

23
11/11/23

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:
ALPHA-MEDICAL LAND CORPORATION
- SECOND: The document number of the corporation (if known): 388959
- THIRD: The date dissolution was authorized: November 1, 2022
Effective date of dissolution if applicable: December 31, 2023
(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.

Signature: William R. Linton Jr.

(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)

WILLIAM R. LINTON JR.

(Typed or printed name of person signing)

TREASURER ALPHA MEDICAL CORPORATION

(Title of person signing)

Filing Fee: \$35