## 470/86

(Requestor's Name)	
(Address)	700092282177
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/14/0701007006 **35.00
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: RUSSELL A PAUL DDS PA
DOCUMENT NUMBER: Charter No: 470186
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
31 B Ben Qurion Ave
31 B Ben Gurion Arz (Address)
Zichron Ya'akov 30900 ISRAEL (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lussell PAUL at (561) 208 8548
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
	Russell A. PAUL, D.D.S., PA.	
SECOND:	The document number of the corporation (if known): 470186	
THIRD:	The document number of the corporation (if known): 470186  The file date of the articles of incorporation: 7260000 19,1975	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	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:	(======================================	
	A majority of the incorporators authorized the dissolution.	
☐ A majority of the directors authorized the dissolution.		
Sign	ature: Raul	
	(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.)	
	Russell PAUL	
	(Typed or printed name of person signing)	
	President (Title of Person Signing)	
	(1.1.2 of 1.0.1.0)	

Filing Fee: \$35

## **Notice of Corporate Dissolution**

	by the dissolved corporation named below for resolution of payment of unknown claims as provided in s. 607.1407, F.S.
This " <i>Notice of Corpo</i>	ate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation:	Russell A Pari
Date of dissolution wil specified in the <i>Article</i>	be the date the dissolution is filed with the Department of State or as sof Dissolution.
Description of informa	ion that must be included in a claim:
amount;	Nature of claim; service performed or date
of service	Nature of claim; servia performed + date
_	claims can be sent: (Claims cannot be sent to the Division of Corporations)  B B Ben Gunion Aue
	21 B Ben Gurion Ave Zichron Ya'akov 30900
	15 RAZL
, 	
A claim against the abowithin 4 years after the	we named corporation will be barred unless a proceeding to enforce the claim is commenced filing of this notice.
Russell	
Printe	d Name of the Person Filing Signature of the Person Filing

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