

480011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

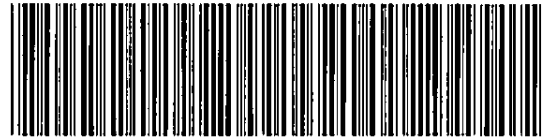
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY - 7 2024

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04/18/24--01026--014 \*\*35.00

**FILED**  
**May 07, 2024 08:00 AM**  
**Secretary of State**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTHUR H. LESTER, M.D., J.D., P.A. DISSOLUTION

*Effective 04/30/2024*

**DOCUMENT NUMBER:** 480011

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

Please return all correspondence concerning this matter to the following:

ARTHUR H. LESTER, M.D., J.D.

\_\_\_\_\_  
(Name of Contact Person)

ARTHUR H. LESTER, M.D., J.D.

\_\_\_\_\_  
(Firm/Company)

813 WAGON WHEEL ROAD

\_\_\_\_\_  
(Address)

FORT WALTON BEACH, FLORIDA 32547

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR H. LESTER

\_\_\_\_\_  
(Name of Contact Person)

at ( <sup>815</sup>~~815~~ ) 862-6158

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

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**Secretary of State**

**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:  
ARTHUR H. LESTER, M.D., J.D., P.A.
- SECOND: The document number of the corporation (if known): 480011
- THIRD: The file date of the articles of incorporation: 07/01/1975
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: Arthur H. Lester, M.D., J.D.  
(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.)

ARTHUR H. LESTER, M.D., J.D.

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

**Filing Fee: \$35**