726207

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Doctors Gardens As	ssociation, Inc.
DOCUMENT NUMBER: 726207	
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Douglas Christy	
	ontact Person)
The Law Office of Douglas	
P.O. Box 49471	ompany)
Sarasota, FL 34230	ress)
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Douglas Christy	at (813) 389-5718
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
▼\$35 Filing Fee	\$43.75 Filing Fee & \$\ \tag{\$52.50 Filing Fee,} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \end{array}
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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of Stat Doctors Gardens Association, Inc.	e:
SECOND:	The document number of the corporation (if known): 726207	
THIRD:	The file date of the articles of incorporation: April 24, 1973	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	▼ The dissolution was authorized by a majority of the directors: OR	. (
	The dissolution was authorized by an incorporator.	ની:
	The dissolution was authorized by a majority of the incorporators.	
Signa	ature: Welliam & Woelfie	_
	(By the chairman or vice chairman of the board, president or other officer- if directors have no selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fidu that fiduciary)	
	William E. Woeltjen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35