

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Bus	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
		į	





800377212998

70211 -- 5 12110:19

12/07/21--01001--001 **35.00

HE BENEFIT

DEC 0 7 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_i
Rahn Shaw, M.D.	, P.A.		
			
			
			-
			Art of Inc. File
<u> </u>		· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
organica: c			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
JAHIC	Date	THRE	UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

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 RAHN SHAW, M.D., P.A.	State:	
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 11/15/2021		_
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution fit Note: If the date inserted in this block does not meet the applicable statutory filing requirement not be listed as the document's effective date on the Department of State's records.		– e will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this can the articles of incorporation.	:hapter an	ıd
		2021 për -6	
5	Signature:	61:011/1	· · · · · · · · · · · · · · · · · · ·
	(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)		
	Ronald Shaw		
•	(Typed or printed name of person signing)		
	Director		
•	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

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.

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

Name of Corporation: RAHN SHAW, M.D., P.A.			
The above named corporation is the subject of dissolution and dissolutio	the offective data of a dissolution is:		
The above named corporation is the subject of dissolution and	the effective date of a dissolution is.		
(date filed with the Dept-if date specified in the Articles of Dissolution)			
Description of information that must be included in a claim:			
Basis for claim; amount claimed; name and address of clai	mant; security for claim, if any; and whether the		
claim is currently due or involves an uncertainty, and, if no	ot due, then the due date and, if contingent or		
unliquidated, the nature of the uncertainty.			
Mailing address where written claims can be sent: (Claims can	not be sent to the Division of Corporations)		
3067 Cecelia Dr.			
Apopka, Florida 32703			
	less a proceeding to enforce the claim is commence		
	less a proceeding to enforce the claim is commence		
A claim against the above named corporation will be barred un within 4 years after the filing of this notice.	Tess a proceeding to enforce the claim is commence Docusigned by:		

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