

L 11799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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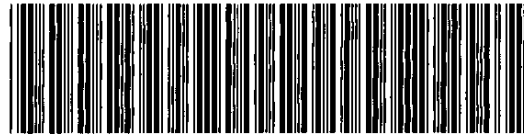
(Business Entity Name)

(Document Number)

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# **SOUTH FLORIDA GUARDIANSHIP PROGRAM, INC.**

*Not for profit • Tax-exempt*

6561 SUNSET STRIP  
SUNRISE, FLORIDA 33313

(954) 572-8305  
Fax: (954) 572-8965

February 4, 2008

Amendment Section  
Division of Corporation  
P.O Box 6327  
Tallahassee, FL 32314

**RE: Guardianship of: Martin Shevrin      Document # L11799**

Dear Sir/Madam:

Please be advised that South Florida Guardianship Program, Inc. has been appointed guardian of Martin Shevrin. Enclosed is a certified copy of Letters of Guardianship of the Person and Property also enclosed is the Articles of Dissolution for the corporation, Martin Shevrin & Associates, Inc.

Please be advised that Mr. Shevrin's right to contract was removed by the Courts. Therefore, the corporation, for which he is the Registered Agent and sole officer, should be dissolved.

Upon receipt of this letter, please dissolve the Articles of Corporation for Martin Shevrin & Associates. Please also correct the mailing address so that all future correspondence is sent to

**Martin Shevrin  
South Florida Guardianship as Guardian  
6561 Sunset Strip  
Sunrise, FL 33313**

Thank you for your prompt attention to this matter. Should you have any questions, please contact my assistant, Charlotte Underwood at (954) 572-8305.

Sincerely,



Kathleen Phillips  
President

KP/cu

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary dissolution

**DOCUMENT NUMBER:** L11799

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

Please return all correspondence concerning this matter to the following:

Lou Villadsen, Director of Finance  
(Name of Contact Person)

South Florida Guardianship Program, Inc.  
(Firm/Company)

6561 Sunset Strip  
(Address)

Sunrise, Florida 33313  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lou Villadsen at (954) 572-8305 x136  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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 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:

Martin Shevrin & Associates, Inc.

SECOND: The document number of the corporation (if known): L 11799

THIRD: The file date of the articles of incorporation: 8/24/1989

FOURTH: (CHECK AT LEAST ONE BOX)

☒ 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: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

08 FEB 11 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Signature: Kate Oles

PRESIDENT

(By a director, president or officer, if directors or officers have not been selected, by an incorporator - if in the hands of a guardian, trustee, receiver, or other court appointed fiduciary, by that fiduciary.)

PROGRAM, INC.  
AS GUARDIAN

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of Person Signing)

Filing Fee: \$35