L14000001423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2021 JAN 11 PM 6:16

FEB 18 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Associates of Florida LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah L. F. McAvoy
(Name of Person)

Executor
(Firm/Company)

2220 Overhill Road
(Address)

Charlotte NC 28211
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah McAvoy at (704) 576 5162
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee and Certificate of Dissolution

☐ $55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Medical Associates of Florida LLC

2. The Articles of Organization were filed on 1/3/2014 and assigned document number L14000001423

3. The delayed effective date the dissolution if not effective on the date of filing: 1/1/2021
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
605.0701(2) "The consent of all members."
Please see attached resolution and supporting detail related to death of owner.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Sarah L.F. M'Avoy
Signature

SARAH L.F. M'AVOY
Printed Name

FILING FEE: $25.00

2021 JAN 11 PM 6:16

CONSENT OF THE MEMBER
OF
MEDICAL ASSOCIATES OF FLORIDA, LLC (the "Company")
TO ACTION WITHOUT MEETING

Resolution

The undersigned, being the sole Member of the Company, does hereby adopt the following resolution by signing her written consent hereto:

Dissolution of the Company

WHEREAS, Alexander V. Fakadej was, at the time of his death, the sole Manager of the Company;

WHEREAS, Sarah L. F. McAvoy, as the duly appointed Executor of the Estate of Alexander V. Fakadej (the "Estate"), became the sole Member of the Company upon her appointment on June 2, 2020; and

WHEREAS, the Member finds it in the best interest of the Company to dissolve the Company.

RESOLVED, that the Company shall be dissolved.

This action is effective this 1st day of January 1, 2021.

SOLE MEMBER:

Sarah L. F. McAvoy, Executor of the Estate of
Alexander V. Fakadej

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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

ORIGINAL

REGISTRATION DISTRICT NO. 063-61 LOCAL NO. ____ COUNTY OF DEATH Moore STATE FILE NO. ____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
Alexander	Victor	Fakadej		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR (Months / Days)	3c. UNDER 1 DAY (Hours / Minutes)	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)
M	85			February 23, 1935	Allegheny Co., PA	April 24, 2020

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH
103 Killarney Court	Pinehurst	Moore

8. MARITAL STATUS	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Physician	Hospital Academic

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE—STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
201-26-0199	North Carolina	Moore	Pinehurst

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
103 Killarney Court	☒ Yes ☐ No	28374	☒ Yes ☐ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
- ☐ Asian Indian ☐ Japanese
- ☐ Chinese ☐ Korean
- ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify)
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)
- ☐ Other (Specify)

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

PARENTS

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)	18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)
Paul Fakadej	Rozalia Rutka

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Anna Fakadej	daughter	103 Killarney Court, Pinehurst, NC 28374

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Longleaf Crematory	Southern Pines, NC

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER
Michael Anthony Hagy (signature)	ESL-2979	Not embalmed	N/A

22. NAME AND ADDRESS OF FUNERAL HOME
Boles Funeral Homes & Crematory, Inc., 35 Parker Lane P.O. Box 3964, Pinehurst, NC 28374

MEDICAL CERTIFICATION

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

	Cause	Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	NON-SMALL CELL LUNG CANCER OF RIGHT LUNG	MONTHS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — b. (Due to (or as a consequence of))		
c. (Due to (or as a consequence of))		
d. (Due to (or as a consequence of))		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

25. MANNER OF DEATH	26a. WAS CASE REFERRED TO MEDICAL EXAMINER?	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH?	29. IF FEMALE
☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	☐ Yes ☒ No; 26b. IF YES ☐ Declined by Medical Examiner	6:09 pm	☐ Yes ☒ Probably ☐ No ☐ Unknown	☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

BURIAL/CREMATION PERMIT — Medical Examiner: Authorization for Disposition/Transportation. After the medical examiner completes and signs this burial transit permit/cremation authorization it constitutes authority to bury, cremate, transport or remove from the state. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY
			☐ Yes ☐ No		☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☒ Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
- ☐ Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER	33b. LICENSE NUMBER	33c. DATE SIGNED (Month/Day/Year)
(signature) MD	2015-00457	April 27 2020

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)
Michael S. Batalo MD, 220 Page Road, Pinehurst, NC 28374

36. DATE REGISTERED BY STATE

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)
Robert R Wittmann KJSG	04/29/2020

DATE CORRECTED (Mo/Day/Yr) — ITEM(S) CORRECTED

DATE AMENDED (Mo/Day/Yr) — ITEM(S) AMENDED

Substitute for DHHS 1872 (REVISED 11/2017) N.C. VITAL RECORDS

STATE OF NORTH CAROLINA

File No.
20 E 112

CHEROKEE County

In The General Court Of Justice
Superior Court Division
Before the Clerk

IN THE MATTER OF THE ESTATE OF:	AMENDED LETTERS TESTAMENTARY
Name ALEXANDER V. FAKADEJ	G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1	Date Of Qualification
SARAH L. F. McAVOY 2220 OVERHILL ROAD CHARLOTTE, NC 28211	06/02/2020
	Clerk Of Superior Court
	ROGER D GIBSON
Title Of Fiduciary 1	
EXECUTOR	EX OFFICIO JUDGE OF PROBATE
Name And Address Of Fiduciary 2	Date Of Issuance
	6-8-2020
	Signature
	Lynn White
Title Of Fiduciary 2	☒ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

SEAL

NOTE: *This letter is not valid without the official seal of the Clerk of Superior Court.*