

NO10000006652

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

FILED
2023 SEP - 1 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FL

2023 SEP - 1 AM 1:27

Dissolution of notice

**DISSOLUTION OR WITHDRAWAL
OUR CHILDREN'S REHAB CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04

SEP 06 2023

D CUSHING

Estimated Charge

\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Our Children's Rehab Center, Inc.

DOCUMENT NUMBER: N01000006652

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

Please return all correspondence concerning this matter to the following:

Amanda L. Walls

(Name of Contact Person)

Peterson & Myers PA

(Firm/Company)

225 East Lemon Street, Suite 300

(Address)

Lakeland FL 33802

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittany Nash

at (863)

683-6511

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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 State:

Our Children's Rehab Center, Inc

SECOND: The document number of the corporation (if known): N01000006652

THIRD: Adoption of Dissolution
 (COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

. The number of votes cast by the members was sufficient for approval.

with ☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was

The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable:

(no more than 90 days after dissolution file date)

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.

Signature: Michael J. Mahalak

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

Michael Mahalak

(Typed or printed name of person signing)

Chairman of the Board

(Title of person signing)

Filing Fee: \$35

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 SECRETARY OF STATE
 TALLAHASSEE
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Notice of Corporate Dissolution

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This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

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

Name of Corporation: Our Children's Rehab Center, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Name, address, telephone number, and email address of claimant along with total amount of claim and date on which claim was incurred.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Peterson & Myers PA

PO Box 24628

Lakeland FL 33802

ATTN: Amanda L. Walls

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michael Mahalak, as Chairman of the Board

Printed Name of the Person Filing

Michael J. Mahalak

Signature of the Person Filing

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

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