

P00000050627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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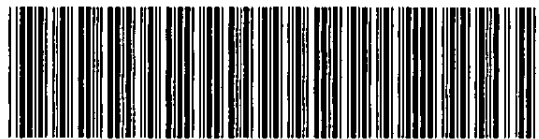
(Business Entity Name)

(Document Number)

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09 JAN 23 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Lorraine S. Berkowitz PSY.D., P.A.

DOCUMENT NUMBER: P00000050627

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

Please return all correspondence concerning this matter to the following:

Justin Pagliei

(Name of Contact Person)

my CIO Wealth Partners, LLC

(Firm/Company)

Cira Center, 2929 Arch Street Suite 650

(Address)

Philadelphia, PA 19104

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Pagliei

(Name of Contact Person)

at (267) 295-2290

(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

LORRAINE S. BERKOWITZ, PSY.D., P.A.
2385 NW Executive Center Drive #100
Boca Raton, FL 33431

July 31, 2008

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the Profit Articles of Dissolution required to close my S-Corporation, Lorraine S. Berkowitz, PSY.D., P.A. (EIN: 65-1007985), with the state of Florida. As indicated in the articles, I have appointed James Biles and Justin Pagliei of myCIO Wealth Partners as the appropriate contacts for all future correspondence connected with this request for dissolution. Their contact information is:

James J. Biles, Partner
2929 Arch Street, Suite 650
Philadelphia, PA 19104
(267) 295-2282
james.biles@myciowp.com

Justin Pagliei
2929 Arch Street, Suite 650
Philadelphia, PA 19104
(267) 295-2290
justin.pagliei@myciowp.com

Thank you for your assistance in this matter.

Sincerely,



Lorraine S. Berkowitz, PSY.D.

RECEIVED

2009 JAN -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2009

LORRAINE S. BERKOWITZ
LORRAINE S. BERKOWITZ, PSY.D., P.A.
2385 NW EXECUTIVE CENTER DRIVE, #100
BOCA RATON, FL 33431

SUBJECT: LORRAINE S. BERKOWITZ, PSY.D., P.A.
Ref. Number: P00000050627

We have received your document for LORRAINE S. BERKOWITZ, PSY.D., P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 709A00000915

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:

Lorraine S. Berkowitz, PSY.D., P.A.

SECOND: The document number of the corporation (if known): P00000050627

THIRD: The file date of the articles of incorporation: 05/18/2000

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.

Signature: Lorraine S. Berkowitz

(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.)

Lorraine S. Berkowitz, PSY.D.

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED
09 JAN 23 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Lorraine S. Berkowitz, PSY.D., P.A.

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:

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

Justin Pagliei
myC10 Wealth Partners
2929 Arch St., Suite 650
Philadelphia, PA 19104

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.

Lorraine S. Berkowitz, PSY.D.
Printed Name of the Person Filing

Lorraine Berkowitz
Signature of the Person Filing

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