## FILED Mar 26, 2015 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CHRISTOPHER MARK NEILSON, P.A.

SECOND: The document number of the corporation: P01000039794

THIRD: The date dissolution was authorized: December 31, 2014

Effective date of dissolution: March 26, 2015

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution

was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHRISTOPHER MARK NEILSON P

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## FILED Mar 26, 2015 Secretary of State

## **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.

Name of Corporation:

CHRISTOPHER MARK NEILSON, 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:

COMPLETE NAMES, D.O.B., MAILING ADDRESSES, PHONE NUMBERS, AND CONTACT INFORMATION. A COMPLETE DESCRIPTION OF ANY ALLEGED CLAIM, INCLUDING ALL WRITTEN PROOF OF SAME SHOWING ANY AND ALL GOODS, SERVICES, DATES, CHARGES, PAYMENTS, AND CREDITS.

Mailing address where claims can be sent:

2720 EAST OAKLAND PARK BLVD. SUITE 206 FORT LAUDERDALE, FL 33306 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHRISTOPHER MARK NEILSON

Electronic Signature of the Person Filing