

PO2000/04310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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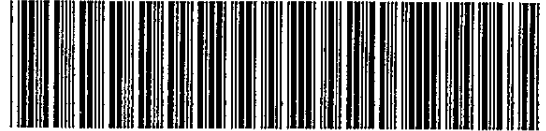
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of S corporation

DOCUMENT NUMBER: PO 2000 104 310

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

Please return all correspondence concerning this matter to the following:

Cheryl KLENOW
(Name of Person)

CK MD, A Professional Medical Corporation
(Name of Firm/Company)

2591 Knollwood CT N
(Address)

ST. Paul, Minnesota 55109
(City/State/and Zip Code)

For further information concerning this matter, please call:

Cheryl Klenow at (651) 340 5617
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:
CK MD, A Professional Medical Corpora

SECOND: The document number of the corporation (if known): PO2000104310

THIRD: The date dissolution was authorized: 1/11/2005

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Cheryl Klenow MD president
(voting group)

Signed this 11 day of JAN, 2005.

Signature: _____

(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)

CHERYL KLENOW MD
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA