## P03000000056

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of JAH à Associates, Inc.
DOCUMENT NUMBER: <u>P0300000056</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joan A. Helms (Name of Contact Person)
JAH&A350 ciates, Inc. (Firm/Company)
1405 Broome Street (Address)
(Fidel 655)
Tallahassee, FL 32301 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Joan A. Helms at (850 - 545 - 1779  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & \$\to\$ \$43.75 Filing Fee & \$\to\$ \$52.50 Filing Fee, \$\to\$ Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment Section

Division of Corporations

The Centre of Tallahassee

Division of Corporations

P.O. Box 6327

## ARTICLES OF DISSOLUTION

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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 Florida Department of State:
	JAH & Associates, Inc.
SECOND:	The document number of the corporation (if known): P0300000056
THIRD:	The date dissolution was authorized: $\frac{12/31/19}{}$
	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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
C	Joan A Helma
3	(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)
	Joan A. Helms
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)

Filing Fee: \$35