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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Close Corp	
DOCUMENT NUMBER: P03000012784	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dorothy Mizowek	
(Name of Contact Person)	
Dorothy Mizowek P.A.	
(Firm/Company)	
98 Hillside Dr	
(Address)	
Eustis, Florida 32726	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dorothy Mizowek <u>at ( 352 ) 267-2002</u>	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:	
	Dorothy Mizowek, P.A.	
SECOND:	The document number of the corporation (if known): P03000012784	
THIRD:	The file date of the articles of incorporation: 02/03/2003  effective date 5-10-10	
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:  (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.)		
	Dorothy Mizowek	
(Typed or printed name of person signing)		
Owner $\int MS$		
	(Title of Person Signing)	

Filing Fee: \$35

## **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: Dorothy Mizowek 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: Closing Business Due To Illness Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 98 Hillside Dr Eustis, Florida 32726 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. **Dorothy Mizowek** Printed Name of the Person Filing