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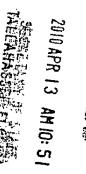
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: MATTHEL	D. PARSY, P.A.
DOCUMENT NUMBER: P03	
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
MATTHEW T	Contact Person)
MATTHEW	D. PARSY, P.A. m/Company)
_	
P.O. BOX	3747 (ddress)
<u></u>	
URLAN	DO, FL 32802
(City/Sta	ate and Zip Code)
For further information concerning this ma	tter, please call:
MATTHEW D. PARSY	at (<u>407</u>) <u>481–0066</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\text{S52.50 Filing Fee,} \text{Certificate of Status & Certified Copy} \text{(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

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:		
	MATTHEW D. PARSY, P.A.		
SECOND:	The document number of the corporation (if known): P030000 20306		
THIRD:	The file date of the articles of incorporation: $\frac{02/18/03}{2}$		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	(CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	The corporation has not commenced business. 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.			
Sign	(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.) MATTHEW D. PARSY (Typed or printed name of person signing)		
	PRESIDENT (Cita of Parent 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: MATTHOW D. PARSY, P.A.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
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)
POST OFFICE BOX 3747
POST OFFICE BOX 3747 ORLANDO, FL 32802-3747
·
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.
Affa A
MATTHEW D. PARDY Printed Name of the Person Filing Signature of the Person Filing