

P04000064976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

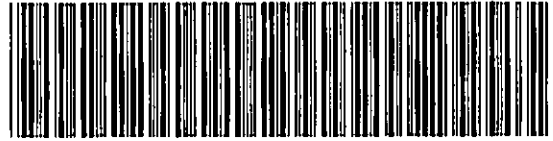
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/09/20--01010--027 **43.75

2020 NOV 9 PM 6 38
TALLAHASSEE, FLORIDA

FILED

0207 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution of Corporation of Paul G. Komarek, P.A.

DOCUMENT NUMBER: P04000064976

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

Please return all correspondence concerning this matter to the following:

Paul G. Komarek

(Name of Contact Person)

Paul G. Komarek, P.A.

(Firm/Company)

P.O. Box 2547

(Address)

Panama City, FL 32402

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul G. Komarek

at (850) 819-5575

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Florida Department of State:

Paul G. Komarek

SECOND: The document number of the corporation (if known): P04000064976

THIRD: The date dissolution was authorized: 11/06/20

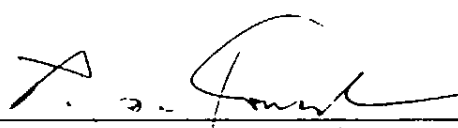
Effective date of dissolution if applicable: 11/06/20

(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.

FILED
20 NOV -9 PM 5:38
STATE OF FLORIDA
DEPARTMENT OF STATE

Signature:  Pres.

(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)

Paul G. Komarek

(Typed or printed name of person signing)

Single Entity Owner, President, owns all shares

(Title of person signing)

Filing Fee: \$35

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Paul G. Komarek

(Typed or printed name of person signing)

Single Entity Owner, President, owns all shares

(Title of person signing)

Filing Fee: \$35

FILED
2020 NOV -9 PM 6:38
TALLAHASSEE, FLORIDA
S. J. HARRIS, CLERK