

PO4000163674

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

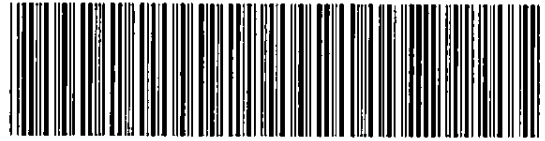
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200424012062

03/07/24--01015--014 \*\*35.00

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Katherine M Smaha PA

DOCUMENT NUMBER: P04000163674

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

Please return all correspondence concerning this matter to the following:

Katherine M Smaha

(Name of Contact Person)

Katherine M Smaha PA

(Firm/Company)

1020 NE 7 Avenue

(Address)

Gainesville Florida 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Smaha

at (352-213-3122

(Name of Contact 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, 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:  
Katherine M Smaha PA

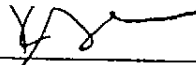
SECOND: The document number of the corporation (if known): P04000163674

THIRD: The date dissolution was authorized: 12/31/2023

Effective date of dissolution if applicable: 12/31/2023

**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. (no more than 90 days after dissolution file date)

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Katherine M Smaha

(Typed or printed name of person signing)

Sole shareholder

(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: Katherine M Smaha PA

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2023

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Any information relevant to any claim, together with all documents to substantiate said claim

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Katherine M Smaha

1020 NE 7 Avenue

Gainesville Florida 32601

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.

Katherine M Smaha

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00