# P06000121501

(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:  DUE TOTHE DATE THE ARTICLES  WERE RECEIVED THE ARTICLES  MET THE ALLOTTED TIME AND  GIVEN THE FILEDATE OF 07/19/2
✓

Office Use Only





800433032728

07/16/24--01014--005 \*\*35.00 Rec. 07/09/24

23 UT - 9 KH 9: 15

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	HELMS MD PA	
DOCUMENT NUMBER: P06000121501		
The enclosed Articles of Revocation of Dissolu	ntion and fee are submitted	I for filing.
Please return all correspondence concerning thi	s matter to the following:	
CORRAINE E HELMS		
Name of	Contact Person	· · ·
CORRAINE E HELMS MD PA		
Firr	n/Company	<del></del>
153 hamilton Terrace		
	Address	
Royal Palm Beach Florida 33414		
City/Sta	te and Zip Code	
jchjrl@gmail.com		
E-mail address: (to be used f	or future annual report notific	ation)
For further information concerning this matter,	please call:	
James Helms	561 891198 At ( )	31
Name of Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for the following amount:		
S35 Filing Fee S43.75 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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: CORRAINE E HELMS MD PA
SECOND:	The document number of the corporation (if known) is P06000121501
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution
	filed with the Florida Department of State is  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:	The Revocation of Dissolution was authorized on
FIFTH:	Adoption of Revocation of Dissolution (check one)
	<ul> <li>The board of directors/incorporation revoked the dissolution.</li> <li>The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.</li> </ul>
SIXTH:	A copy of the Articles of Dissolution is attached.  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)  CORRAINE E HELMS MD
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

FILING FEE \$35

#### FILED Mar 11, 2024 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

CORRAINE E HELMS MD PA

SECOND: The document number of the corporation: P06000121501

THIRD: The file date of the articles of incorporation: September 21, 2006

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CORRAINE E HELMS MD MEDICAL DOCTOR

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

•

FILED Mar 11, 2024 Secretary of State

## **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.

Name of Corporation:

CORRAINE E HELMS MD PA

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:

DISSOLVED 3/11/2024

Mailing address where claims can be sent:

153 HAMILTON TERRACE RPB, FL 33414 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CORRAINE E HELMS MD

Electronic Signature of the Person Filing