# 708000089727

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
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2016 JAN -4 PM 3: 43
SECRETARY OF STATE

JAN 07 2016 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Martinez & Spivack P.A.		
DOCUMENT NUMBER: P 08 0000 897 27		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOHN L. Martinez, Jr.		
(Name of Contact Person)		
Mactines & Sourack PA		
Martinez & Spivack P.A. (Firm/Company)		
P.D. Box 5833 (Address)		
(Address)		
Lakeland, FL 33807-5833		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
John L. Martinez, Jr. at (863-255-0836) (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$\$\$\$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$\to\$		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

# 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:  Martinez & Spivack, PA.		
	,		
SECOND:	The document number of the corporation (if known): POSOOOS9727		
THIRD:	The date dissolution was authorized: $\frac{12/01/2015}{1}$		
	Effective date of dissolution if applicable: $\frac{12/31/2015}{}$		
	(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		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval		
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
(voting Broad)			
;	Signature: Still led		
	(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)		
	John L. Martinez, Jr.		
	(Typed or printed name of person signing)		
	President		
	(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.

artinez & Spivack, 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: diress (both mailing & physical) and Phone Number of Claiment(s) any documents upon which a claim is based. The cause of action giving rise to the claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) phy 1. Martinez. Tr. akeland, FL 33807-5833 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.