

11/9/23, 1:57 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000389603 3)))



H230003896033ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : FERNANDEZ LEGAL  
Account Number : 120190000058  
Phone : (407)574-5009  
Fax Number : (407)574-5953

**DISSOLUTION OR WITHDRAWAL  
JOHN H. O'DONNELL & ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2023 NOV -9 PM 3:32

2023 NOV -9 AM 10:27  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000389603 3)))

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P10000051701

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

Please return all correspondence concerning this matter to the following:

Kevin Rowan

(Name of Contact Person)

Fernandez Legal

(Firm/Company)

135 W. Central Blvd., Suite 300

(Address)

Orlando, FL 32801

(City/State and Zip Code)

FILED  
 2023 NOV -9 AM 10:27  
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Kevin Rowan

407-574-5009

(Name of Contact Person)

at (

(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

(((H23000389603 3)))

(((H23000389603 3)))

**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:  
JOHN H. O'DONNELL & ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P10000051701

THIRD: The date dissolution was authorized: 10/27/23

Effective date of dissolution if applicable: 12/31/23  
(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  
2023 NOV -9 AM 10:27  
TALLAHASSEE, FL  
CLERK OF STATE



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)

John H. O'Donnell

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

(((H23000389603 3)))

(((H23000389603 3)))

**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: JOHN H. O'DONNELL & ASSOCIATES, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: December  
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:

To confirm your claim, you must deliver a written confirmation to the Corporation identifying the amount of your claim and specific details pertaining to your claim including, but not limited to, the date that the amount of your claim accrued, the events giving rise to the accrual of your claim, and proof of invoice or other written evidence of your claim.

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

C/O FERNANDEZ LEGAL 135 W. CENTRAL BLVD., STE 300, ORLANDO, FL 32801

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.

JOHN H. O'DONNELL

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**

(((H23000389603 3)))

FILED  
2023 NOV - 9 AM 10:27  
DIVISION OF STATISTICS  
TALLAHASSEE, FL