

P10000070112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

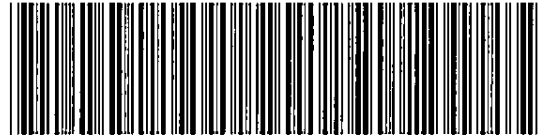
(Document Number)

Certified Copies \_\_\_\_\_

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Office Use Only



500422274915

dissolution with  
notice



RECEIVED

2024 JAN 22 PM 3:40

THE ANTI-SLIPPERY

FILED

2024 JAN 22 AM 9:49

A. RAMSEY  
JAN 23 2024

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195.

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$85.00

ORDER DATE : 1/22/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILINGS

NAME: Orland Behavioral Administrators  
Corporation

☒ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ALEXIS WEILAND-SORENSEN

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Notice of Corporate Dissolution \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jillian Mitchell

\_\_\_\_\_  
(Name of Contact Person)

LifeStance Health

\_\_\_\_\_  
(Firm/Company)

10655 NE 4th St, Ste 701

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

Bellevue, WA 98004

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jillian Mitchell

\_\_\_\_\_  
(Name of Contact Person)

at ( 425) 279-8500

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

FILED

ARTICLES OF DISSOLUTION

2024 JAN 22 AM 9:49

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:

Orlando Behavioral Administrators Corporation

SECOND: The document number of the corporation (if known): P10000070112

THIRD: The date dissolution was authorized: 01/04/2024

Effective date of dissolution if applicable:

(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.

Signature: Ryan Pardo

(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)

Ryan Pardo

(Typed or printed name of person signing)

Secretary and Chief Legal officer

(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: Orlando Behavioral Administrators Corporation

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

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

Description of information that must be included in a claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

10655 NE 4th St, Ste 701

Bellevue, WA 98004

\_\_\_\_\_  
\_\_\_\_\_

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.

Ryan Pardo

Printed Name of the Person Filing

Ryan Pardo

Signature of the Person Filing

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