P12000011797

| (Re | equestor's Name) | · |
|-----------------------------------------|--------------------|-----------|
| (Ad | ddress) | |
| (Ad | ddress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY SINTE

JAN 1 4 2016 C LEWIS TO: Amendment Section

COVER LETTER

| Division of Corporations | | | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUZANNE ROBBINS SCHLAGE | E, P.A. | | | |
| DOCUMENT NUMBER: P12000011797 | | | | |
| The enclosed Articles of Dissolution and | fee are submitted for filing. | | | |
| Please return all correspondence concerni | ng this matter to the following: | | | |
| Barry G. Segal | | | | |
| (Name o | f Contact Person) | | | |
| Barry G. Segal, P.A. | | | | |
| (Fig | (Firm/Company) | | | |
| 3096 Cardinal Drive, Suite 2C | | | | |
| (4 | Address) | | | |
| Vero Beach, Florida 32963 | | | | |
| (City/Si | tate and Zip Code) | | | |
| For further information concerning this m | atter, please call: | | | |
| Barry G. Segal | at (772) 567-5552 | | | |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) | | | |
| Enclosed is a check for the following amo | ount: | | | |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | 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 Clifton Building 2661 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: | ST: The name of the corporation as currently filed with the Florida Department of | | | |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | SUZANNE ROBBINS SCHLAGE, P.A. | | _ | |
| SECOND: | The document number of the corporation (if known): | | _ | |
| THIRD: | The date dissolution was authorized: December 31, 2015 | ·- · · · · | _ | |
| | Effective date of dissolution if applicable: December 31, 2015 | | | |
| | (no more than 90 days after dissolution file da Note: If the date inserted in this block does not meet the applicable statutory filing requirements, not be listed as the document's effective date on the Department of State's records. | | will | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes east for d was sufficient for approval. | lissoluti | on | |
| | Dissolution was approved by the shareholders through voting groups. | | : : | |
| | The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve: | 16 JAH I H | | |
| | The number of votes east for dissolution was sufficient for approval by | Ē | 25 | |
| | | 12. 11. | The state of the s | |
| | (voting group) | <u>ي</u> 25 | _ : - | |
| | | | | |
| | Signature: Signature: Selected, 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) | | _ | |
| | Suzanne Schlage | | | |
| | (Typed or printed name of person signing) | | | |
| | President. | | | |
| | Title of purson cioning) | | _ | |

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.

| SUZANNE ROBBINS SCHLAGE, P.A. Name of Corporation: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 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: | |
| Claimant, services/goods/materials provided and contact information of Claimant. | |
| | _ |
| | 5 200 |
| | A - 3 |
| | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | 8. 5. E. |
| c/o Barry G. Segal, Barry G. Segal, P.A., 3096 Cardinal Drive, Suite 2C, Vero Beach, Florida 32963 | |
| | |
| | |
| | - ·· |
| A claim against the above named corporation will be barred unless a proceeding to enforce the clair within 4 years after the filing of this notice. | n is commenced |
| Suzanne Schlage | Sehlen |
| Printed Name of the Person Filing Signature of the Person Filing | |

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