

P13.000055653

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2015 OCT -5 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4003  
EFF 12/15  
10/1/15*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P13-0000-55653

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

Please return all correspondence concerning this matter to the following:

A. JORDAN FELIX, ESQ.

(Name of Contact Person)

FELIX BUSINESS GROUP

(Firm/Company)

731 DUVAL STATION RD, STE 107-304

(Address)

JAX, FL 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

A. JORDAN FELIX

(Name of Contact Person)

at ( 904 ) 403 1009

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

eff. 12/15

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

SECOND: The document number of the corporation (if known): P13-0000-55653

THIRD: The date dissolution was authorized: 6/24/2013

Effective date of dissolution if applicable: 12/15/2015

**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.

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

(voting group)

(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)

(Typed or printed name of person signing)

(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: HARVEY FELIX, 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:

- (1) STATE SPECIFIC NAME OF PERSON WHO CLAIM IS AGAINST;  
(2) STATE AMOUNT OWED & ALLEGED; (3) ATTACH CONTRACT OR PROOF  
OF ENTITLEMENT TO MONIES ALLEGED; (4) STATE CONTACT INFO TO  
INCLUDE NAME, ADDRESS, TELEPHONE & FAX NUMBER TO ADDRESS  
ANY AND ALL CLAIMS.

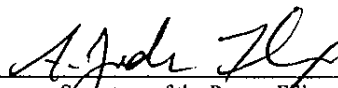
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A. JORDAN FELIX, ESQ. 731 DUVAL STATION RD., STE 107-304  
JAX, FL 32218 (FAX) 904 404 8356 TELEPHONE 904 403 1009

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.

A. JORDAN FELIX

Printed Name of the Person Filing

  
Signature of the Person Filing