

P18000000326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

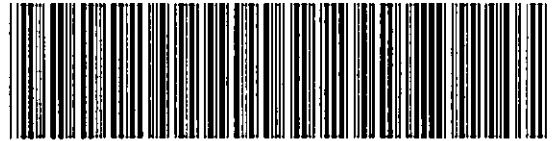
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/07/22--01026--005 **43.75

2022 JUN -7 AM 8:53
FILE

cf 8/21/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P18000000326

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

Please return all correspondence concerning this matter to the following:

Yolene Thelusma

(Name of Contact Person)

Nurse's Court, Inc

(Firm/Company)

P.O. Box 268175

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Yolene Thelusma

(Name of Contact Person)

at (954) 699-7876

(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

ARTICLES OF DISSOLUTION

2022 JUN -7 AM 8:53

Pursuant to section 607.1401, 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:
Nurse's Court, Inc
- SECOND: The document number of the corporation (if known): P18000000326
- THIRD: The file date of the articles of incorporation: 01/02/2018
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

Yolene Thelusma
(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.

Name of Corporation: Nurse's Court, Inc.

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

01/02/2018

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

Description of information that must be included in a claim:

Transaction name, item number, date of
sale or transaction, balance due or owed,
name of business or contact person, account
number, invoice number and/or address
& contact number.

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

Nurse's Court, Inc.,
P.O. Box 268175
Weston, FL 33326

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.

Yolene Thelusma

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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