

P19000052758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

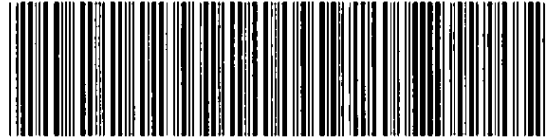
(Business Entity Name)

(Document Number)

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10/12/23- 01005--022 **43.75

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P1900005275B

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

Please return all correspondence concerning this matter to the following:

Joel Quintana
(Name of Contact Person)

Synergy Advisory Bureau Inc
(Firm/Company)

12855 SW 136 Ave Ste 224
(Address)

Miami, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Quintana at (305-979-6178)
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2023

TED QUINTANA
12855 SW 136 AVE
SUITE 224
MIAMI, FL 33186

SUBJECT: PRIORITY HEALTH CENTER, CORP.
Ref. Number: P19000052758

We have received your document for PRIORITY HEALTH CENTER, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00024619

10/24/2023

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:

Priority Health Center Corp

SECOND: The document number of the corporation (if known): P19000052758

THIRD: The date dissolution was authorized: 8/1/2023

Effective date of dissolution if applicable: 8/1/2023

(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: _____

(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)

Rebeca Gainza Ekedede

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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2023 NOV 14 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Priority Health Center Corp

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 8/01/23

8/01/2023

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

Description of information that must be included in a claim:

Corporation is closing Due To
cashflowing issues. Corporation cannot
generate income. I Rebecca Gainza Ekele
is requesting the business closure.

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

4800 NE 20th Terr Ste 201
Fort Lauderdale FL 33308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Rebecca Gainza Ekelele

Printed Name of the Person Filing

R. Ekelele

Signature of the Person Filing

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