

P20 000091857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

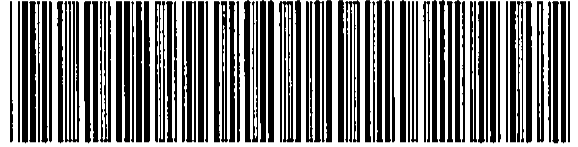
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAY 27 2022

5/27/22

Office Use Only



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04/11/22 -01084--020 ♦♦35.00

FILED
MAY 27 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 27 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FL

May 11, 2022

JOSEPH PALMERI, DVM
7966 CANARY ISLAND WAY
BOYNTON BEACH, FL 33436

SUBJECT: JOG ANIMAL HOSPITAL OF LAKE WORTH, INC.
Ref. Number: P20000091857

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00010851

NOTE: There are no Notice of Corporate
(+the page) Dissolution
(Sorry, it ¹ was accidentally included
the first time)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: filing Articles of Dissolution with the Florida Department of State's Division of Corporations

DOCUMENT NUMBER: 20000091857

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

Please return all correspondence concerning this matter to the following:

Joseph Palmeri, DVM

(Name of Contact Person)

Jog Animal Hospital of Lake Worth, Inc

(Firm/Company)

7966 Canary Island Way

(Address)

Boynton Beach, Florida 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Palmeri, DVM

at (631) 636-2770

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FL

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

Jog Animal Hospital of Lake Worth, Inc

SECOND: The document number of the corporation (if known): 20000091857

THIRD: The date dissolution was authorized: 2/1/22

Effective date of dissolution if applicable: 2/1/22

(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: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by the shareholders through voting groups.

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

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

Joseph Palmeri, DVM
(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)

Joseph Palmeri, DVM

(Typed or printed name of person signing)

President

(Title of person signing)