

P21 000040501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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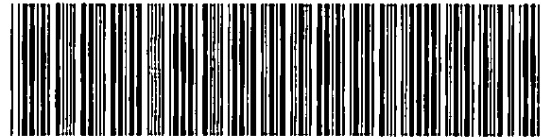
(Business Entity Name)

(Document Number)

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dissolution

10/29/21--01011--021 **35.00

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2021 NOV 10 AM 8:36

A. RAMSEY

JAN 04 2022

*00789, 04104, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: P21000040501

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

Please return all correspondence concerning this matter to the following:

Richard Jultak

(Name of Contact Person)

Apple Medicare Services, Inc.

(Firm/Company)

3010 North Military Trail

(Address)

Boca Raton, Florida 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan Auerbach

at (561) 614-2400 ext 103
(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

RECEIVED

2022 JAN -3 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FL

November 10, 2021

RICHARD JULTAK
APPLE MEDICARE SERVICES, INC.
3010 NORTH MILITARY TRAIL
BOCA RATON, FL 33431 US

SUBJECT: APPLE MEDICARE SERVICES, INC.
Ref. Number: P21000040501

We have received your document for APPLE MEDICARE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 921A00027420

To: Florida Department of State

Subject: Apple Medicare Services, Inc.

Date: December 9, 2021

To Whom it may concern:

In response to the letter dated November 10, 2021 (attached), please find included a revised Articles of Dissolution signed by President/Director Richard Jultak.

Please let us know if you require further documentation.

Regards,

ARTICLES OF DISSOLUTION

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

FILED

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FIRST: The name of the corporation as currently filed with the Florida Department of State:
Apple Medicare Services, Inc.

SECOND: The document number of the corporation (if known): P21000040501

THIRD: The date dissolution was authorized: November 10, 2021

Effective date of dissolution if applicable: November 10, 2021
(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)

Richard Jultak

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35