

P21000050201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

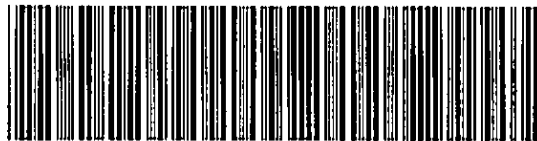
Special Instructions to Filing Officer:

Q. SILAS

APR 13 2022

3/28/22

Office Use Only



300382627363

04/01/22--01002--004 **10.00

03/09/22--01009--010 **25.00

FILED
2022 MAR 28 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 28 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FL

March 15, 2022

MICHELE
MICHELLE HERZOG
28922 VERMILLION LANE
BONITA SPRINGS, FL 34135

SUBJECT: MH CLINICAL CONSULTING INC
Ref. Number: P21000050201

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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: 722A00006176

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MH CLINICAL CONSULTING

DOCUMENT NUMBER: P21000050201

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

Please return all correspondence concerning this matter to the following:

MICHELE HERZOG

(Name of Contact Person)

MH CLINICAL CONSULTING

(Firm/Company)

28922 VERMILLION LANE

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELE HERZOG

(Name of Contact Person)

at (612-308-5743

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee &
- 25.00 previously sent Certificate of Status
(check # 5831 on 3/17/22)
10.00 check enclosed (check # 5834
on 3/22/22)

☐ \$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

FILED

ARTICLES OF DISSOLUTION 2012 MAR 28 PM 2: 01

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:

MIH CLINICAL CONSULTING

SECOND: The document number of the corporation (if known): P21000050201

THIRD: The date dissolution was authorized: DEC 31, 2021

Effective date of dissolution if applicable: DEC 31, 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.

DISSOLUTION WAS APPROVED BY THE SOLE
SHAREHOLDER/EMPLOYEE/PRESIDENT (MICHELE
HERZOG).

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)

MICHELE HERZOG

(Typed or printed name of person signing)

PRESIDENT / SOLE EMPLOYEE

(Title of person signing)

Filing Fee: \$35