# P23000020661

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/Liph Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1-

Office Use Only



400413510954

08/07/23--01029--001 \*\*35.00

FILED
2023 AUG -7 AH 9: 5!
SECHLIAGY OF STAT

51 - 1 2023

### **COVER LETTER**

**Division of Corporations** SUBJECT: Allyon of Georgia, Inc. P23000020661 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rebekah Barr (Name of Contact Person) Allyon, Inc. (Firm/Company) 3066 Mercer University Drive Suite 300 (Address) Chamblee, GA 30341 (City/State and Zip Code) For further information concerning this matter, please call: Jamie Norred (Area Code) (Davtime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## FILED

## ARTICLES OF DISSOL2023-6456 -7 AM 9: 55

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Allyon of Georgia, Inc.
SECOND:	The document number of the corporation (if known): P23000020661
THIRD:	The date dissolution was authorized:  8/1/2023
	Effective date of dissolution if applicable:  (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 office) - if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Justin Katz.  (Typed or printed name of person signing)
	VP of Finance  (Title of person signing)

Filing Fee: \$35