

P9500075597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

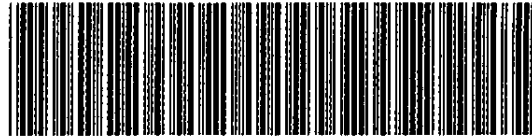
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100312392871

04/30/18--01009--018 \*\*35.00

FILED  
2018 APR 30 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY -1 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF A CORPORATION

**DOCUMENT NUMBER:** P95000075597

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

Please return all correspondence concerning this matter to the following:

LENORE T. NOEL, M.D.

(Name of Contact Person)

(Firm/Company)

6410 MAIN STREET APT. # 111

(Address)

MIAMI LAKES, FLORIDA 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

LENORE T. NOEL

(Name of Contact Person)

at ( 305 ) 322-7288

(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

2018 APR 30 PM 2:43

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

LENORE T. NOEL, M.D., P.A.

SECOND: The document number of the corporation (if known): P95000075597

THIRD: The file date of the articles of incorporation: OCTOBER 2, 1995

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: \_\_\_\_\_

Lenore T. Noel, M.D.

(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.)

LENORE T. NOEL

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35