P96000047271

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| | | |
| , (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | ⊔siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

| Division of Corporations | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: RICHARD L. BROWN, P.A. | | | |
| DOCUMENT NUMBER: P96000047271 | | | |
| The enclosed Articles of Dissolution and fee are submit | tted for filing. | | |
| Please return all correspondence concerning this matter to | to the following: | | |
| RICHARD L. BROWN | | | |
| (Name of Contact Perso | on) | | |
| SAME | | | |
| (Firm/Company) | | | |
| 4445 NORTH HWY A1A, SUITE 130 | | | |
| (Address) | | | |
| VERO BEACH, FLORIDA 32963 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please ea | all: | | |
| | 72) 231-1777 | | |
| (Name of Contact Person) (A | Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| S35 Filing Fee \(\sum \) \$43.75 Filing Fee & \(\sum \) \$43.75 Filing Fee & \(\sum \) \$43.75 Filing Fee & \(\sum \) Certified (Additional enclosed) | Copy Certificate of Status & Certified Copy | | |
| 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

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

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | RICHARD L. BROWN, P.A. | |
| SECOND: | The document number of the corporation (if known): P96000047271 | _ |
| THIRD: | The date dissolution was authorized: JULY 19, 2010 | _ |
| | Effective date of dissolution if applicable: JULY 19, 2010 (no more than 90 days after dissolution file date) | 146- |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | 7 |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | οł |
| | 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 | |
| • | ALL- PST | |
| | (voting group) | |
| | | |
| ; | (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 L. BROWN | |
| | (Typed or printed name of person signing) | |
| ř | PRESIDENT | |
| | (Title of nerson signing) | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Corporation: RICHARD L. BROWN, P.A. |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. |
| Description of information that must be included in a claim: |
| All claims must include the name of the potential claimant; the amount of the potential claim; |
| the date the claim accrued; the amount potentially due and whether or not the claim |
| is secured or unsecured under Florida law (and whether or not the claimant has |
| filed a security interest with the Florida Department of State). |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Richard L. Brown, Registered Agent |
| 4445 North Hwy A1A, Suite 130 |
| Vero Beach, Florida 32963 |
| |
| |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced

within 4 years after the filing of this notice.