

(Re	equestor's Name)	17 M 1 7 17 M
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Вс	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
STATE SAMES OF THE STATE OF THE	Office Use Onl	AF ' 'F



100267704111

01/14/15--01012--006 **35.00

15 JAN 14 PH 2:52

MONN

JAN 14 2015

R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of Joy Frank 8	& Associates, P.A.	
DOCUMENT NUMBER: P96000060596		
The enclosed Articles of Dissolution and fee are submitted	for filing.	
Please return all correspondence concerning this matter to t	he following:	
Joy Frank		
(Name of Contact Person)		
(Firm/Company)		
437 Frank Shaw Road		
(Address)		
Tallahassee, FL 32312		
(City/State and Zip Code)	
For further information concerning this matter, please call:		
Joy Frank at (850		
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certified Cop (Additional control 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

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: Joy Frank & Associates, P.A.
SECOND:	The document number of the corporation (if known): P96000060596
THIRD:	The date dissolution was authorized: December 31, 2014
	Effective date of dissolution if applicable: December 31, 2014
FOURTH:	(no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	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
	Joy Frank ?;
	(voting group)
	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)
	Joy Frank
	(Typed or printed name of person signing)
	President
	(Title of person 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: Joy Frank & Associates, P.A.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Joy Frank
437 Frank Shaw Road
Tallahassee, FL 32312
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.
\cdot \sim \wedge
Joy Frank Oon trank
Printed Name of the Person Filing Signature of the Person Filing

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