

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000100687 3)))



H200001006873ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20100000075  
Phone : (305) 373-9419  
Fax Number : (305) 373-9443

**DISSOLUTION OR WITHDRAWAL  
PALM BEACH INSTITUTE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

C GOLDEN

APR - 6 2020

Fax Audit No. H20000100687 3 -3 AM 9:04

**ARTICLES OF DISSOLUTION  
FOR  
PALM BEACH INSTITUTE, INC.**

Pursuant to Section 607.1403, Florida Statutes, the undersigned Florida profit corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation is PALM BEACH INSTITUTE, INC.
- SECOND: The document number of the corporation is P98000030860.
- THIRD: The dissolution was authorized on April 3, 2020.
- FOURTH: The effective date of dissolution is the date of the filing of these Articles of Dissolution with the Florida Department of State.
- FIFTH: The dissolution was approved by the shareholders. The vote cast for dissolution was sufficient for approval.
- SIXTH: A Notice of Dissolution is attached hereto.

Signed this 3<sup>rd</sup> day of April, 2020.

PALM BEACH INSTITUTE, INC., a Florida  
corporation

By: 

Bradford S. Lovette, President

Fax Audit No. H20000100687 3

Fax Audit No. H20000100687 3

**NOTICE OF DISSOLUTION  
FOR  
PALM BEACH INSTITUTE, INC.**

Notice is given that Palm Beach Institute, Inc. is the subject of dissolution.

Effective date of dissolution: The date of filing of Articles of Dissolution with the Florida Department of State.

Description of information that must be included in a claim:

1. Full legal name, address, telephone number and e-mail address of claimant;
2. Amount and complete description of the claim; and
4. The date the claim was incurred.

Claims must be in writing.


Mailing address where claims can be sent:

Bradford S. Lovette  
1655 Palm Beach Lakes Blvd.  
Suite 401  
West Palm Beach, FL 33401

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Signed as of April 3, 2020

PALM BEACH INSTITUTE, INC., a Florida corporation

By: 

Bradford S. Lovette, President