



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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DIS

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 5/26/2023 12:18 PM  
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**Division of Business Filings**

P.O. Box 718,  
 Frankfort, KY 40602  
 (502) 564-3490

[www.sos.ky.gov](http://www.sos.ky.gov)
**Articles of Dissolution****DIS****(Profit Corporation)**This form is to be used for dissolution **by the Board of Directors or Shareholders.**

**Please note:** Filing this form with the Office of the Secretary of State does not ensure the dissolution of the business entity is complete. Filers are encouraged to seek the advice of a professional prior to filing Articles of Dissolution.

Pursuant to the provisions of KRS 14A and KRS 271B.14-030, the corporation listed below adopts the following articles of dissolution:

Article I: The name of the profit corporation of record with the Office of the Secretary of State:

ACTIVATE CLINIC, PSC

**(The name must be identical to the name on record with the Secretary of State.)**

Article II: The dissolution was authorized on 05/23/2023

Article III: The dissolution was approved by: (check only one)



shareholder(s) or



board of directors as outlined in 271B.14-030.

Article IV: If the dissolution was approved by the shareholders, the voting information is listed below:

**and**a) Number of votes entitled to be cast on proposal to dissolve 100.b) The number of votes cast for the dissolution 100.c) The number of votes cast against the dissolution 0.

or

d) The total number of undisputed votes cast for dissolution. \_\_\_\_\_.

e) The number cast for dissolution was sufficient for approval.

Article V: If the dissolution was approved by voting group(s) the voting information is listed below:

**and**

a) Number of votes entitled to be cast on proposal to dissolve \_\_\_\_\_.

b) The number of votes cast for the dissolution \_\_\_\_\_.

c) The number of votes cast against the dissolution \_\_\_\_\_.

or

d) The total number of undisputed votes cast for dissolution. \_\_\_\_\_.

e) The number cast for dissolution was sufficient for approval

Article VI: This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

DocuSigned by:

Michi Tsuda

Secretary

5/23/23

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**Signature of Officer or Chairman of the Board****Printed Name****Title****Date**

**FILING INSTRUCTIONS  
ARTICLES OF DISSOLUTION**

**NAME**

The profit corporation name provided on the articles of dissolution must read ***exactly*** as stated in the most recent articles. This can be found using the organization search tool located on the Secretary of State website at [www.sos.ky.gov](http://www.sos.ky.gov).

**WHO MAY SIGN**

The articles of dissolution must be signed by an officer or the chairman of the board.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

**ADDITIONAL ARTICLES OF DISSOLUTION OR NEED TO MODIFY THE EXISTING FORM**

If this form does not comply with the articles of dissolution that you wish to file please disregard this form, please send a drafted executed copy of the articles of dissolution according to KRS 271B.14 to the address below.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for Articles of Dissolution is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Secretary of State  
P.O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions or need additional forms, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.