

F49829

(FAX)

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
AMERICAN ORTHO-TECH LABORATORIES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

RECEIVED

15 JAN 21 AM 7:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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JAN 21 2015

C. CARROTHERS

1/20/2015 4:36 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN ORTHO-TECH LABORATORIES, INC.

DOCUMENT NUMBER: F49829

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

Please return all correspondence concerning this matter to the following:

RICHARD GINGRAS

(Name of Contact Person)

LEVEL FOUR ORTHOTICS & PROSTHETICS, INC.

(Firm/Company)

P.O. BOX 24128

(Address)

WINSTON SALEM, NC 27114

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD GINGRAS

(Name of Contact Person)

at (336) 397-2165

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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|---|--|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

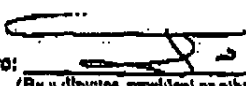
STREET ADDRESS:

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:
AMERICAN ORTHO-TECH LABORATORIES, INC.
- SECOND:** The document number of the corporation (if known): F49829
- THIRD:** The date dissolution was authorized: 01/07/2015
 Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)
- FOURTH:** 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
- _____
- (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)

JUMP S. JOHN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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