

F83165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

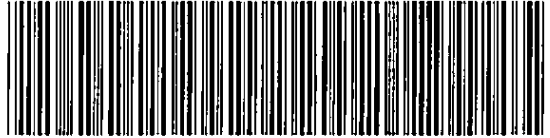
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2024 JAN 10 PM 3:52

SECRETARY OF STATE
CLERK OF COURTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Orthodontic Lab Inc.

^{Chapter #}
DOCUMENT NUMBER: F 8 3165

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

Please return all correspondence concerning this matter to the following:

Gene Opheim
(Name of Contact Person)

Orthodontic Lab Inc.
(Firm/Company)

2590 Pine Ridge Road
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Opheim at (850 - 364 - 0283)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

Orthodontic Lab Inc.

SECOND: The document number of the corporation (if known): Charter# F83165

THIRD: The date dissolution was authorized: 11/30/23

Effective date of dissolution if applicable: 12/31/23
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Signature: _____

Gene Opheim

(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)

Gene Opheim

(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: Orthodontic Lab Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

12/31/23

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

All claims against the assets of
Orthodontic Lab Inc. must be made in
writing and include the claim amount,
basis, and origination date

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gene Opheim
2590 Pine Ridge Road
Tallahassee, FL 32308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Gene Opheim

Printed Name of the Person Filing

Gene Opheim

Signature of the Person Filing