P0200001323/

| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
|--|-------------------------|----------------------|-----------------|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (F | Requestor's Name) | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAJL (Business Entity Name) (Document Number) Fertified Copies Certificates of Status | (A | Address) | |
| Business Entity Name) (Document Number) (ertified Copies Certificates of Status | (A) | Address) | |
| (Business Entity Name) (Document Number) Fertified Copies Certificates of Status | (0 | City/State/Zip/Phone | = #) |
| (Document Number) Sertified Copies Certificates of Status | PICK-UP | ☐ WAIT | MAIL |
| ertified Copies Certificates of Status | (E | Business Entity Nam | ne) |
| | (| Occument Number) | |
| Special Instructions to Filing Officer: | ertified Copies | Certificates | of Status |
| | Special Instructions to | o Filing Officer: | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



500047210775

05 MAR -2 PN 3: 52 SECRETARY OF STATE TALLAHASSEE TI AND

CONTRACTOR CONTRACTOR CONTRACTOR

diss.

3. Oct. MAR 0 7 2005

TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

| Division of Corporations | | |
|---|--|----------------------------|
| SUBJECT: TO DISSOLUTION A | 14 CORPORATION. (1 WOULD (1) | KE TO CLOSE BUSINESS.) |
| DOCUMENT NUMBER: P02000 | 0/3231 | |
| The enclosed Articles of Dissolution and | fee are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| REBECCA S. FERNANDEZ (Name of | | |
| (Name of | Person) | _ |
| ESTHETICS DESIGNS DENTAL LABORATORY, INC. | | BUSINESS ADDRESS |
| (Name of | Firm/Company) | WAS: 4500 BELVEDERE RD. |
| 2000 EAGLE DR. | | STE. B |
| | (Address) | MAVERHILL, FL. 33415 |
| WEST PALM BEACH, FL | 10210A 33409 | |
| | State/and Zip Code) | |
| For further information concerning this ma | tter, please call: | |
| RERECCA S. FERNANDEZ (Name of Person) | at (561) 951- 8375 (Area Code & Daytime Telephone) | Number) |
| Enclosed is a check for the following amou | ont: | |
| | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of See Certificate of See Certificate of See Certificate of See Certificate Opy (Additional cope enclosed) | tatus & |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporation 409 E. Gaines Street | าร |

Tallahassee, Florida 32399

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 Department of State: |
|---------|--|
| | ESTHETICS DESIGNS DENTAL LABORATORY, INC. |
| SECOND: | The document number of the corporation (if known): Po2000013231 |
| THIRD: | The date dissolution was authorized: FEBRUARY 5, 2005. |
| | Effective date of dissolution if applicable: FEBRUARY 5, 2005. |
| 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 of 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 |
| | PRESIDENT OF COMPANY (voting group) |
| | Signed this 5 day of FEBRUARY , 2005. |
| Signat | ure: Velegas II. |
| Dignat | (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) |
| | REBECCA FERNANDEZ (Typed or printed name of person signing) |
| | 17 |
| | (Title of person signing) |
| | (The or person aigning) |