

PO2000072972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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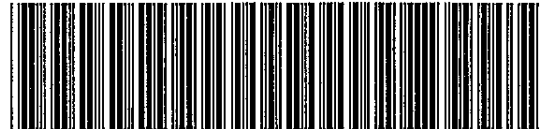
(Business Entity Name)

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05/19/03--01036--017 **35.00

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03 MAY 19 AM 9:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

BS 5/23/03
DIS

Any questions
please call

(407) 718-3449.

please mail
confirmation to
421 Montgomery Rd
#165
Altamonte Springs, FL

335-1111

ARTICLES OF DISSOLUTION

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03 MAY 19 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is:

Dental Dynamics Inc

SECOND: The date dissolution was authorized:

05/08/03

THIRD: 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 vote 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

(voting group)

Signed this 8 day of May, 2003

Signature

Luba Lemke

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Luba Lemke
(Typed or printed name)

President
(Title)