

PO4000095267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

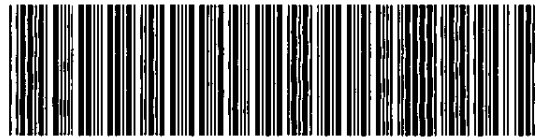
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FILED
10 JAN 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis w/not
C.COULLETTE

JAN 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Jacksonville Dental Assistant School, Inc.

DOCUMENT NUMBER: PD4000095267

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

Please return all correspondence concerning this matter to the following:

Harrison A. Beaver III
(Name of Contact Person)

H.A. Beaver III Dental Associates
(Firm/Company)

~~1677 Art Museum Dr.~~ 919 Greenridge Rd.
(Address)

Jacksonville, FL 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Harrison Beaver at (904) 728-1163
(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
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:

Jacksonville Dental Assistant School Inc.

SECOND: The document number of the corporation (if known): P04000095267

THIRD: The date dissolution was authorized: 12/31/09

Effective date of dissolution if applicable: 12/31/09
(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)

Harriett A. Beaver III

(Typed or printed name of person signing)

President, Owner

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 27 PM 2:55

FILED

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: Jacksonville Dental Assistant School Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

- reason/description of money owed
- date of service for which money owed

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

1677 Art Museum Dr.

Jacksonville, FL 32207

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.

Harrison A. Beaver III

Printed Name of the Person Filing

Harrison A. Beaver III

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00