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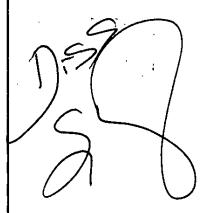
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## **COVER LETTER**

Division of Corporations
SUBJECT: HM Dental-Studio Ina
DOCUMENT NUMBER: <u>P080000 3096</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cladia Ferrera
(Name of Contact Person)  HM Dantal Stadio
CFirm/Company). 2652 Ponkon Sommit Dr
(Address)  Apopka F1 32717  (City/State and Zip Code)
For further information concerning this matter, please call:
Olandia Ferrena ar(401) 500 5136
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:
Striling Fee \$\sum \\$43.75 \text{ Filing Fee & } \sum \\$52.50 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ (Additional copy is enclosed)} \text{ (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:
	HM DENTAL STUDIO INC
SECOND:	The document number of the corporation (if known): P0800003096
THIRD:	The date dissolution was authorized: 115110
	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
lace	For 2
S	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)
	(Typed or printed name of person signing)
- -	P
	(Tille of person signing)

Filing Fee: \$35