

PD 800259531518

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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14 MAY - 1 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VD

MAY 08 2014

R. WHITE



PRACTICE WITH PURPOSE

April 29, 2014

**VIA FEDERAL EXPRESS**

Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Attention: Division of Corporations

**RE: M/O/D/S 3D SYSTEMS, INC.; your document number P08000097219**

To Whom It May Concern:

Enclosed for filing on behalf of the above-referenced entity are *Articles of Dissolution*, as well as a check in the amount of \$35.00 representing the requisite filing fee.

Accordingly, please file and place your file stamp on the conformed copy and return it along with the Certificate issued by the State to my attention at the address set forth on the bottom of this letterhead. Also send by email to DLuckey@BoyarMiller.com and/or facsimile to (713) 552-1758 to my attention, if possible.

Thank you for your immediate attention regarding this matter. Should you have any questions concerning this correspondence or the enclosures, please feel free to call me at (832) 615-4249.

Sincerely,

Dionne L. Luckey  
Sr. Paralegal

## 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:  
M/O/D/S 3D SYSTEMS, INC.

SECOND: The document number of the corporation (if known): P08000097219

THIRD: The date dissolution was authorized: November 12, 2013

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

\_\_\_\_\_  
(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)

**KEITH BELL**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

Filing Fee: \$35

FILED  
14 MAY -1 PM 2:16  
TALLAHASSEE, FLORIDA

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**KEITH BELL**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

FILED  
14 MAY - 1 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA