

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : ACCOUNT BOOKKEEPING CORP.
Account Number : I20120000055
Phone : (407) 898-1757
Fax Number : (407) 897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ORAL HEALTH USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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14 JAN 31 PM 12:36

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 JAN 31 AM 11:57
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORAL HEALTH USA, INC.

DOCUMENT NUMBER: P09000055850

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

Please return all correspondence concerning this matter to the following:

EDUARDO J JIMENEZ

(Name of Contact Person)

ORAL HEALTH USA, INC.

(Firm/Company)

11896 ZELKOVA LN

(Address)

ORLANDO, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO J JIMENEZ at (407) 2419238

(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

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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:

ORAL HEALTH USA, INC.

SECOND: The document number of the corporation (if known): **P09000055850**

THIRD: The date dissolution was authorized: **01/30/2014**

Effective date of dissolution if applicable: **01/30/2014**

(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)

EDUARDO J. JIMENEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA