

PG9000073075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

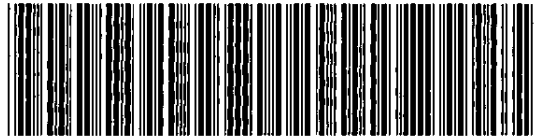
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10 FEB 18 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/19/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGMA DENTAL INSURANCE PLAN INC

DOCUMENT NUMBER: P09000073075

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

Please return all correspondence concerning this matter to the following:

KATHERINE SUAREZ

(Name of Contact Person)

SIGMA DENTAL INSURANCE PLAN INC

(Firm/Company)

1424 RIDGE ST

(Address)

KISSIMMEE FLORIDA 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

SANTOS SUAREZ

(Name of Contact Person)

at (407) 9320800

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2010

ROGER SWIDOWICZ
1424 RIDGE ST
KISSIMMEE, FL 34744

SUBJECT: SIGMA DENTAL INSURANCE PLAN INC
Ref. Number: P09000073075

We have received your document for SIGMA DENTAL INSURANCE PLAN INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation is not dissolved so Article of Revocation is not needed. I am sending you Articles of Dissolution in case that is what you are trying to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 910A00003438

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

SIGMA DENTAL INSURANCE PLAN INC

SECOND: The document number of the corporation (if known): P09000073075

THIRD: The file date of the articles of incorporation: 08/31/09

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

KATHERINE SUAREZ

(Typed or printed name of person signing)

VP

(Title of Person Signing)

Filing Fee: \$35

10 FEB 18 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED