Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000134145 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone

Fax Number : (305)675-5944

## **DISSOLUTION OR WITHDRAWAL ODONTOLOGY TRAINING CENTER INC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 02 2016

D CONNELL

05/01/2016 14:14 3052201440 05/31/2016 16:34 3053628750

LAZARUS SANCHEZ&SANCHEZ

PAGE 83 02/02 H 1 6 0 0 0 1 3 4 1 4 5

## 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:  ODONTOLOGY FRAINING CENTER INC   |  |  |
|---------|--|--|--|
| SECOND: | The document number of the corporation (if known): P13000022770  |  |  |
| THIRD:  | The date dissolution was authorized:   |  |  |
|         | 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  |  |  |
|         | <u> </u>   |  |  |
|         | (voling group)   |  |  |
|         | Signature: Newfebra Politics , 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, mustee, or other court appointed fiduciary, by that fiduciary) |  |  |
|         | Natalia Mohamad  |  |  |
|         | (Typed or printed assure of person signing)  |  |  |
|         | President.   |  |  |
|         | (Title of person signing)  |  |  |

Filing Fee: \$35