PIUOSUBS

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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K. WHITE

©COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution	
DOCUMENT NUMBER: P1400008418	35
The enclosed Articles of Dissolution ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Frank Scianimanico	
(Name	of Contact Person)
Ideal Dental Studio Inc.	
(1	Firm/Company)
2620 Aurora Road, Suit Q	
	(Address)
Melbourne, FL 32935	
(City/	State and Zip Code)
For further information concerning this	matter, please call:
Frank Scianimanico	at ((321) 205-6713
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Statu	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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 Departmental Studio Inc.	nent of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: 08/12/2015	<u> </u>			
	Effective date of dissolution if applicable: 08/12/2015				
	(no more than 90 days after dist. Note: If the date inserted in this block does not meet the applicable statutory filing renot be listed as the document's effective date on the Department of State's records.				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	s cast for dissolution			
	☐ Dissolution was approved by the shareholders through voting group	DS.			
	The following statement must be separately provided for each voting gr to vote separately on the plan to dissolve:	{			
	The number of votes cast for dissolution was sufficient for approval by	15 AUG			
	Officers	26 F			
	(voting group)	5. 5. 5. 5. S. 5.			
,	Signature (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducian that fiduciary)				
	Frank Scianimanico				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)	.			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Date, Claimant and Explanation of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Frank Scianimanico
2423 Andrews Avenue
Melbourne, FL 32935
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Frank Scianimanico
Printed Name of the Person Filing Signature of the Person Filing