

P15 000046601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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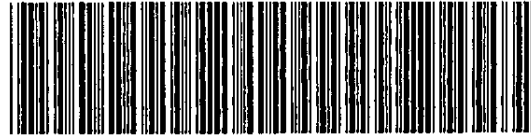
(Business Entity Name)

(Document Number)

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2017 APR 10 PM 1:29  
SECRETARY OF STATE  
ALLIANCE FOR THE COMMONWEALTH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DENTAL TEMP SOLUTIONS S.F., CORP.

**DOCUMENT NUMBER:** P15000046601

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

Please return all correspondence concerning this matter to the following:

CRISTINA CORNEJO

(Name of Contact Person)

DENTAL TEMP SOLUTIONS S.F., CORP.

(Firm/Company)

15555 MIAMI LAKEWAY N#109

(Address)

MIAMI LAKES, FL. 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTINA CORNEJO

(Name of Contact Person)

at ( 786 )

339-3263

(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

## ARTICLES OF DISSOLUTION

*Pursuant to sections 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

**FIRST:** The name of the corporation is: **DENTAL TEMP SOLUTIONS S.F., CORP.**  
P15000046601

**SECOND:** The date dissolution was authorized: **12/31/2016**

**THIRD:** 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 vote of 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)

Signed this 18 day of March, 2017

Signature



OR

(By the Chairman or Vice Chairman of the Board, President, or other officer)

**CRISTINA CORNEJO**

Name

**PRESIDENT**

Title

FILED  
2017 APR 10 PM 1:30  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
STATE OF FLORIDA