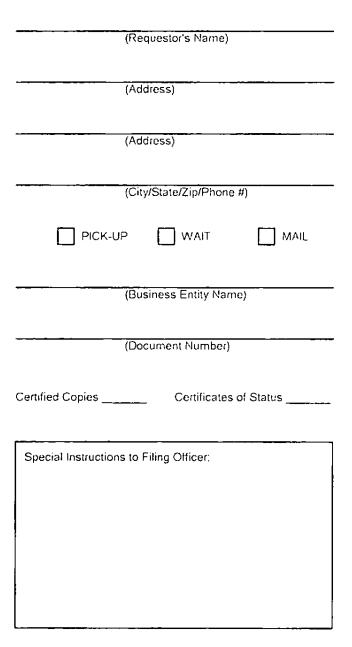
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Amazin	g Touch Dental Care Corporation
DOCUMENT NUMBER: P15	000087350
The enclosed Articles of Dissolu	ution and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Jonathan Steszewki	
	(Name of Contact Person)
Steszewski Mcdina, P.A.	
	(Firm/Company)
15100 NW 67th Ave. Suite 200	
	(Address)
Miami Lakes, FL 33014	
	(City/State and Zip Code)
For further information concerning	ng this matter, please call:
Jonathan Steszewski, Esq.	at (at (
(Name of Contact Pers	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ring amount:
■ \$35 Filing Fee	
Mailing Address:	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Amazing Touch Dental Care Corporation				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
S	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)				
<u>.</u>	Jonathan Steszewski, Esq				
	(Typed or printed name of person signing)				
I	Incorporator				
_	(Title of person signing)				

Filing Fee: \$35