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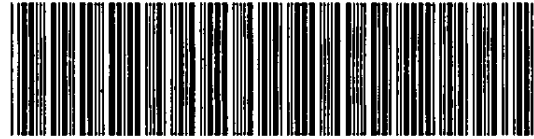
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VPD

R. WHITE

MAY 01 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Quality Dent Repair, Inc.

DOCUMENT NUMBER: P1500008949D

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

Please return all correspondence concerning this matter to the following:

Bradley E. Beckham

(Name of Contact Person)

(Firm/Company)

1660 Margarets Walk Road

(Address)

Fleming Island, FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

Bradley E. Beckham

(Name of Contact Person)

at (904-318-4377

(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

April 24, 2018

Dear Sir,

Using the enclosed Power-of-Attorney given to me by my brother, Hal D. Beckham, I would like to dissolve his Corporation. He is no longer able to work since being admitted to a nursing home because of a stroke. If there are any questions please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Bradley E. Beckham". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Bradley E. Beckham

904-318-4377

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:

Quality Dent Repair, Inc.

SECOND: The document number of the corporation (if known): P15000089490

THIRD: The date dissolution was authorized: 4-23-2018

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: 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

(voting group)

Signature: Bradley F. Beckham (Attorney-in-fact for Hal D. Beckham)

(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)

Bradley F. Beckham

(Typed or printed name of person signing)

Attorney in fact

(Title of person signing)

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

**DURABLE POWER OF ATTORNEY
FOR
HAL DEMPSEY BECKHAM, JR.**

I, Hal Dempsey Beckham, Jr., as of January 30, 2018, hereby appoint and empower my brother and brother-in-law, Bradley E. Beckham, and my brother-in-law, John H. White, Jr., as my true and lawful attorneys-in-fact ("my Agents"), to act for me and in my name and on my behalf to exercise the powers listed in this Durable Power of Attorney.

This power of attorney is exercisable by either of the named Agents then serving, or by the surviving Agent if only one is serving, and joinder by the other Agent is not required.

Successors. If at any time my Agents named above fail or cease to serve as my attorney-in-fact, I appoint my son, Blain Beckham, as my attorney-in-fact in their place. My successor Agent will have the rights, powers, privileges and discretions specified in this instrument while serving as my attorney-in-fact.

Third Parties. Any third party to whom this Durable Power of Attorney is presented may rely upon an affidavit by an Agent stating, to the best of that Agent's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity.

A THIRD PARTY WHO IMPROPERLY REFUSES TO ACCEPT THIS POWER OF ATTORNEY WILL BE LIABLE FOR DAMAGES, INCLUDING REASONABLE ATTORNEY FEES AND COSTS, INCURRED IN ANY ACTION OR PROCEEDING THAT CONFIRMS THE VALIDITY OF THIS POWER OF ATTORNEY.

Durable Power. This Durable Power of Attorney will not be affected by my subsequent incapacity except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred on my Agents will be exercisable from the date of this Durable Power of Attorney, and will remain effective thereafter, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

My Agents will have the following powers and duties:

GENERAL AUTHORITY

1. To manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my Agents deem proper for the preservation, maintenance, or improvement of those assets or properties.
2. To exercise all powers even though my Agents may also be acting individually or on behalf of any other person or entity interested in the same matters (as more fully set forth in the Additional Provisions section).

3. To seek on my behalf the assistance of a court or other governmental agency to carry out an act authorized in this power of attorney and to enforce the exercise of these powers granted to my Agents.
4. To exercise any authority reasonably necessary to give effect to an express grant of specific authority in this power of attorney.
5. To the extent not limited under the law of the jurisdiction in which this power of attorney is presented, to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

SPECIFIC POWERS

6. To manage and conserve any real property, or any interest or incidents in real property, on my behalf, including the authority to receive, buy, sell, exchange, lease, encumber, and convey such property. Such property and incidents in property include any interest in homestead property, mineral rights, cooperative apartments, and any property I own as joint tenants with right of survivorship or as tenants by the entireties.
7. To manage and conserve any tangible personal property, or any interest in tangible personal property, including exempt property, on my behalf, including the authority to receive, buy, sell, exchange, lease, encumber, and convey such property.
8. To operate, insure, license and register with any state or government agency, any and all vehicles of which I am the registered or legal owner.
9. To conduct investment transactions as provided in Fla. Stat. §709.2208(2).
10. To collect, receive, and receipt for any and all sums of money or payments due or to become due to me.
11. To pay any and all bills, accounts, claims, and demands now or hereafter payable by me, including a judgment, award, order or settlement made in connection with a claim or litigation.
12. To conduct banking transactions as provided in Fla. Stat. §709.2208(1).
13. Except as otherwise provided under Fla. Stat. §709.2201(3) relating to contracts for personal services, to contract with any person or Entity for any purpose (including contracts between me and an Agent), and to perform that contract; to agree to any termination, release, rescission or modification of any contract or agreement.

14. To the extent not limited in the Special Transactions section, to act for me regarding any trust, probate estate, guardianship, conservatorship, escrow, custodianship or fund in which I may have a right or beneficial interest, including the power to transfer property to the trustee of a trust created by me or for my benefit.
15. To sue in my name and behalf for the recovery of any and all sums of money or other things of value, payments due or to become due to me, or damages I have sustained or will sustain; to seek an attachment, garnishment, order of arrest, or other preliminary, provisional, or intermediate relief and use an available procedure to effect or satisfy a judgment, order, or decree; and to collect, hold and disburse any property received in satisfaction of judgments.
16. To act for me with respect to any bankruptcy or insolvency concerning me or some other person, or with respect to a reorganization or receivership which affects my interest in any property.
17. To demand, obtain, review, and release to others medical records, documents, or communications protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). I designate my Agents as my personal representatives under HIPAA. My Agents may also enforce any or all of the privileges listed above.
18. To nominate on my behalf a person (including an Agent) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my legal capacity.
19. To receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.
20. To hire and compensate attorneys, accountants, advisors, financial consultants, managers, agents, and assistants (including any individual or entity who provides investment advisory or management services, or who furnishes professional assistance in making investments) without liability for any act of those persons, if they are selected and retained with reasonable care. An Agent may serve in one or more of these capacities and be compensated separately for the services in each.
21. To discharge (with or without cause) any person hired by me (or on my behalf), by the Agent, or by any prior Agent, including but not limited to, the categories of persons named above, and physicians, nurses, care-givers, and domestics.
22. To act for me with respect to benefits or actions from or relating to any branch or department of the United States government, any state government, or any foreign government, whether or not recognized by the United States, including without limitation, the Social Security Administration, the Department of Veterans Affairs, the

Internal Revenue Service, Medicare or Medicaid, and any government department providing payments or grants.

23. To create, fund, and maintain an Income Trust pursuant to 42 USC §1396(d)(4)(B) in order to qualify me or retain my eligibility for Medicaid or any other public assistance benefits.
24. To represent me before any office of the Internal Revenue Service or any state agency; to receive confidential information regarding all tax matters for all periods, whether before or after the execution of this instrument; to prepare, sign and file any tax return on my behalf; to pay taxes due, collect refunds, post bonds, receive confidential information, and contest assessments, deficiencies, fines, or penalties determined by the Internal Revenue Service or any other taxing authority; and to make any tax elections on my behalf.

SPECIAL TRANSACTIONS

Certain transactions under this power of attorney may profoundly affect my existing estate plan and therefore require a separate authorization for my Agents to engage in them, as codified in Section 709.2202 of the Florida Statutes. By initialing next to any items within the respective numbered paragraphs in this Special Transactions section, I grant my Agents the authority stated in that paragraph with respect to the authorization I have initialed, as may be further clarified or expanded within that paragraph. If I have not initialed a numbered paragraph, my Agents are not authorized to take the actions specified in that paragraph. If I have initialed a numbered paragraph but have lined through a section of that paragraph and initialed near that deletion, then my Agent's power to take the actions in that paragraph does not include the deleted authority.

25. HDD **Gifts.** I authorize my Agents to make gifts of my property outright to, or for the benefit of, members of my family, including for the benefit of my Agent, or charitable organizations my Agents believe I have supported or would support. For these purposes, a gift "for the benefit of" a person includes a gift to a trust in which that person is a beneficiary, to a custodial account under a state version of the Uniform Transfers (or Gifts) to Minors Act, and to a tuition savings account or prepaid tuition plan as defined under Internal Revenue Code §529.
26. HDD **Trusts.** I authorize my Agents to create one or more inter vivos trusts, whether revocable or irrevocable, in which I am a beneficiary and, to the extent permitted in the Trust Agreement, to amend, revoke, or terminate a trust of which I am a beneficiary, or transfer the assets of such a trust into another trust under which I am a beneficiary; to enter into transactions with any trusts created by me, for me, on my behalf, or in connection with gifts from me to others as provided in the paragraph above authorizing gifts; to create, amend, or revoke trusts for the benefit of others, including for the benefit of my Agent, and to participate in either judicial or nonjudicial modification of a trust as permitted in Fla. Stat. Chapter 736.

27. 403 **Survivorship and Other Designations.** I authorize my Agents to create or change rights of survivorship in accounts or other assets in which I have an interest, including for the benefit of my Agent; to change a beneficiary designation for any accounts or financial instruments, including life insurance policies, annuities, or retirement accounts of any nature; and to waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan of any nature.
28. 403 **Disclaimers.** I authorize my Agents to disclaim: any interest in property I might otherwise receive, either outright or in trust, including for the benefit of my Agent; any powers I have over property or as a beneficiary of any trusts (excluding any powers I possess in a fiduciary capacity); and any powers of appointment I have or may acquire, excluding any testamentary power of appointment that I currently exercise in my Last Will and Testament.

ADDITIONAL PROVISIONS

Protection for Agents. I understand, acknowledge and anticipate that many of my Agents' actions taken pursuant to specific grants of authority in this instrument could involve them in conflicts of interest (created either by me or by my Agents), or call into question my Agents' apparent loyalty to me, or both. This might result from the totality of the circumstances facing the Agents at that time, or by virtue of the Agents' specific actions that might create the conflict of interest. I want my Agents to be free to act in my interest without concern over questionable lawsuits. Therefore, so long as my Agents act in good faith, they will be protected as follows:

a. My Agents do not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of their good faith acts or omissions, except for actions or omissions resulting from an Agent's dishonesty, improper motive, or reckless indifference to the purposes of this power of attorney or my best interests.

b. My Agents may have competing interests for themselves or their affiliates, and I waive any express duty of loyalty imposed under Fla. Stat. §709.2114(2).

c. My Agents may have a conflict of interest as provided in Fla. Stat. §709.2116. Despite that section, my Agents may undertake a transaction on my behalf even if another party to that transaction is: (i) a business or trust controlled by my Agents or any of them, or of which my Agents, or any director, officer, or employee of a Corporate Agent, is also a director, officer, or employee; (ii) an affiliate or business associate of my Agents or any of them; or (iii) my Agents acting individually. This exception also extends to any relative of such a party.

d. I fully indemnify my Agents out of my assets and my estate for any actions brought against them, and damages they sustain, including attorneys' fees and costs, that have as a basis my Agents' actions or inactions resulting in both a claim for breach of fiduciary duty and actual damages to me or my estate, but this protection does not extend to actions or omissions resulting from an Agent's dishonesty, improper motive, or reckless indifference to the purposes of this

power of attorney or my best interests. If an Agent ceases to serve, these provisions for indemnification may be enforced against me or a successor Agent. This right of indemnification extends to the estate, personal representatives, legal successors and assigns of an Agent.

e. My Agents will not be liable for any actions or omissions by a Co-Agent or a predecessor agent if the Agent does not participate in or conceal the action or omission. An Agent is not required to review the actions of a predecessor agent, absent actual knowledge by the Agent of wrongdoing. If, however, an Agent has actual knowledge of a breach or imminent breach of fiduciary duty by another agent, including a predecessor agent, the Agent must take action reasonably appropriate in the circumstances to safeguard my best interests. If the Agent in good faith believes that I am not incapacitated, giving notice to me is a sufficient action.

Compensation and Expenses. My Agents will be entitled to reasonable compensation and reimbursement for all expenses reasonably incurred by them on my behalf.

Foreign Accounts. Despite any power granted to the Agent in this instrument or under law, an Agent may not exercise any power over, or transact any business with respect to, an account in a foreign country, as defined in 31 CFR 1010.350(c) and 1010.350(d), unless the Agent expressly and specifically accepts such authority in writing.

Delegation of Powers. My Agents may not delegate the powers given under this Durable Power of Attorney except as follows: to grant a transfer agent or similar person the authority to register securities in my name or the name of a nominee; for investment management purposes as provided in Fla. Stat. §518.112; or to any other person, as may be permitted under the law of another jurisdiction in which this instrument is presented.

Suspension of Rights and Duties. All powers granted to my Agents will be suspended immediately if my Agents are determined to be incapacitated by a court having jurisdiction.

Use of Copies. As provided in Fla. Stat. §709.2106, a photocopy or electronic copy of this power is sufficient for its exercise, except as may be required for transactions in real estate.

Partial Invalidity. If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

Limitation on actions of Agents. My Agents may not participate in an action to the extent that a payment or distribution pursuant to that action would discharge a legal support obligation of my Agent. If my Agents are the insured of any insurance policy that I own, my Agents may not exercise any rights or have any incidents of ownership with respect to the policy, including the power to change the beneficiary; to surrender or cancel the policy, to assign the policy, to revoke any assignment, to pledge the policy for a loan, or to obtain from the insurer a loan against the surrender value of the policy.

In witness whereof, I have executed this Durable Power of Attorney as of the date first written above.

Signed in the presence of:

Bonnie White
Witness: Bonnie White

Cynthia R. Robertson
Witness: Cynthia R. Robertson

Hal Dempsey Beckham
Hal Dempsey Beckham, Jr.

STATE OF FLORIDA
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me on January 30, 2018, by Hal Dempsey Beckham, Jr..

Personally Known ☒
Produced Identification B250-92451122 0
Type of Identification FE DC

Arthur P. W. Obar Jr.
Notary Public--State of Florida
Print Notary Name: _____
My Commission Number is _____
My Commission Expires: _____
