

PI7000092951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

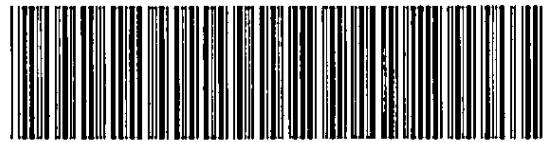
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/19/21

Office Use Only



200355847112

02/06/21--0113--01E **25.00

04/20/21--01045--005 **10.00

SECRETARY OF STATE
TALLAHASSEE, FL 32399
2021 APR -9 AM 8:52

4/19/21

4/28/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2021

MICHAEL MCCLURE
1409 KINGSLEY AVENUE
STE 7A
ORANGE PARK, FL 32073

SUBJECT: MY DIGITAL DENTAL LAB, INC.
Ref. Number: P17000092951

Please talk to me about this

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 621A00006205

RECEIVED
2021 APR -9 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Digital Dental Lab, INC

DOCUMENT NUMBER: P17000092951

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

Please return all correspondence concerning this matter to the following:

Michael McClure
(Name of Contact Person)

Orange Park Dental Professionals
(Firm/Company)

1409 Kingsley Ave. Ste 7A
(Address)

Orange Park, FL 32073
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael McClure at (904 563-4718)
(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION 2021 APR -9 AM 8:52

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation ^{SECRETARY OF STATE} ~~TALLAHASSEE, FL~~ submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
My Digital Dental Lab, INC.

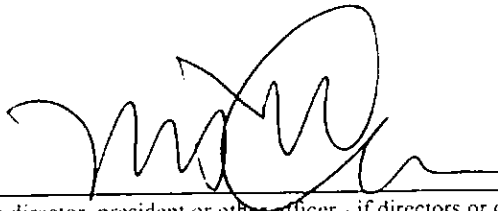
SECOND: The document number of the corporation (if known): P 17006092951

THIRD: The date dissolution was authorized: 02/03/2021

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.

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)

Michael T. McClure
(Typed or printed name of person signing)

President.
(Title of person signing)

Filing Fee: \$35