

P19000 006 283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

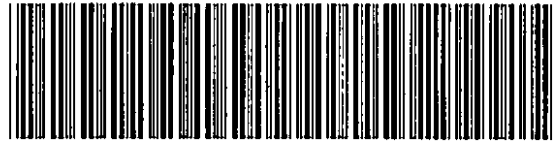
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/19--01018--013 **35.00

NOV 29 2019

FILED
2019 OCT 31 PM 1:34
TALLMASSIE, FL

AFFORDABLE CARE

October 30, 2019

VIA UPS

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Dissolution
(**Affordable Dentures & Implants – Orlando III, P.A.**)

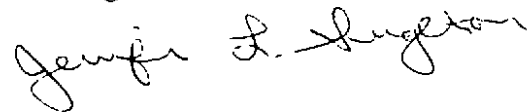
Dear Sir or Madam,

Enclosed please find the executed Articles of Dissolution for Affordable Dentures & Implants – Orlando III, P.A. along with a check in the amount of Thirty-Five Dollars (\$35.00) for the associated filing fee.

Kindly return the filed Articles of Dissolution for the above-referenced entity to my attention using the enclosed UPS envelope.

Thank you for your attention to this matter. Should you have any questions or concerns, I can be reached at (984) 328-4183 or jennifer.singleton@affordablecare.com

Best regards,



Jennifer L. Singleton
Senior Paralegal

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Affordable Dentures & Implants - Orlando III, P.A.

DOCUMENT NUMBER: P19000006283

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

Please return all correspondence concerning this matter to the following:

Jennifer Singleton

(Name of Contact Person)

Affordable Care, LLC

(Firm/Company)

629 Davis Drive, Suite 300

(Address)

Morrisville, NC 27560

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Singleton

(984) 328-4183

at (

(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
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 Department of State:
Affordable Dentures & Implants - Orlando III, P.A.

SECOND: The document number of the corporation (if known): P19000006283

THIRD: The date dissolution was authorized: April 1, 2019

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: _____

(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)

Jase Hackney, DMD

(Typed or printed name of person signing)

President

(Title of person signing)

2019 OCT 31 PM 1:34
TALLAHASSEE, FL
F-116-507