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COVER LETTER

TO: Amendment Section	
Division of Corporations	/
COZPORATE DISSE	OLUTION OF
SUBJECT: MOLINA DEN	UTAL & ASSOCIATES, P.A.
DOCUMENT NUMBER: P 190	000014077
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
PUDISBEL MOD	LINA ARIZA
(Name of	Contact Person)
MOLINA DENT	AL & ASSOCIATES, P.A.
(Firr	n/Company)
1494/ S.W.	8th TERRACE
(A	ddress)
MIAMI FLOR	e, DA 33,94
MIAMI FLOE (City/Sta	ate and Zip Code)
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For further information concerning this matter, please call:	
	at (305) 302 - 7539
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	ant:
Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:
	MOLINA DENTAL & ASSOCIATES, P.A.
SECOND:	The document number of the corporation (if known): P 190000 140 77
THIRD:	The date dissolution was authorized: 11/30/2019 Effective date of dissolution if applicable: 11/30/2019 (no more than 90 days after dissolution file date)
	Effective date of dissolution if applicable: 11/30/2019
	(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
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	PA NOS
	(By a director, president br 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)
	YUDISBEL MOLINA ARIZA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35