Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000218044 3)))



H210002180443ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

; (305)552-5973

Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL SMILE DENTAL CENTER LABORATORY MIAMI CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



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:
	Smile Destal center laboratory Memi Corp
SECOND:	
THIRD:	The date dissolution was authorized: 6/1/2
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of voice 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)
\$	1 2nd All
	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)
	Linda Poola OAPZ Martinez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35