

P93000052959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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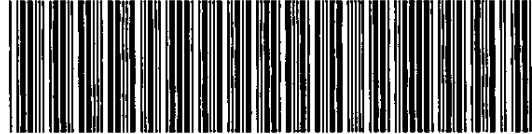
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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October 23, 2015

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

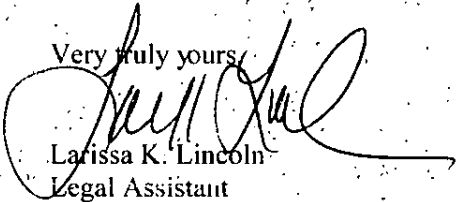
Re: **Dissolution of U.S. SUNSHINE DENTAL LABORATORY, INC.**  
Our File No. 95305.011

Dear Sir/Madam:

Enclosed please find the original and two (2) copies of the above referenced Articles of Dissolution together with a check in the amount of \$43.75 payable to the State of Florida for the filing fee and certified copy which needs to be sent to the undersigned. Attached is a pre-stamped and pre-addressed envelope for your convenience

Thank you for your assistance in this matter.

Very truly yours,

  
Larissa K. Lincoln  
Legal Assistant

SecDissol.ltr  
Enclosures

Cc: Edmund A. Strickland  
Uwe Dreyer *via email*  
Kyle Felty *via email*

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146  
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

## 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:

U.S. SUNSHINE DENTAL LABORATORY, INC.

SECOND: The document number of the corporation (if known): P93000052959

THIRD: The date dissolution was authorized: OCTOBER 20, 2015

Effective date of dissolution if applicable: OCTOBER 20, 2015

(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:

*Edmund A. Strickland, Jr. Pres*  
(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)

EDMUND A. STRICKLAND, JR.

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

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