P94000016362

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12/22/04--01021--001 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
Haven Equine Der	ntistry, Inc.	
SUBJECT:		
DOCUMENT NUMBER: P9400001	16362	
The enclosed Articles of Dissolution and	fee are submitted for	r filing.
Please return all correspondence concerning	g this matter to the	following:
Mohamed Z. Me		
(Name of	Person)	
Same		
•	Firm/Company)	
7840 NW 50th		······································
	(Address)	
Lauderhill,	FL 33351	
(City/	State/and Zip Code)	
For further information concerning this ma	atter, please call:	
Mohamed Merchant	at (954	
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status &
MAILING ADDRESS:		STREET ADDRESS:
Amendment Section Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		409 E. Gaines Street
Tallahaggaa, Elorida 30314		Tananassee Piorida 12.199

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 Department of State:
	Haven Equine Dentistry, Inc.
SECOND:	The document number of the corporation (if known): P94000016362
THIRD:	The date dissolution was authorized: 12/10/04
	Effective date of dissolution if applicable: 12/31/04 (no more than 90 days after dissolution file date)
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 of 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)
	Signed this 14 day of X Docember, 2004.
Signati	ure: × Jesse R. Havin
	(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)
	Jesse R. Haven
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

PLAN OF DISSOLUTION AND COMPLETE LIQUIDATION OF HAVEN EQUINE DENTISTRY, INC.

- !. Haven Equine Dentistry, Inc.(the corporation) shall be dissolved and completely liquidated in the manner stated in the Plan:
- 2. Beginning on the adoption of this plan by the stockholders of the corporation, the directors and officers of the corporation shall:
 - (a) Proceed to wind up the affairs of the corporation;
 - (b) Pay or make provision for the payment of the corporation's debts and liabilities; and
 - (c) Distribute as promptly as possible, to or for the account of stockholders, its remaining assets after the payment or provision is made for the payment of its debts and liabilities.
- 3. Within 30 days after the date of adoption of this Plan by the stockholders, the officers shall file an Information Return on Form 966 with Internal Revenue Service as required by IRC 6043(1) for and behalf of the corporation.
- 4. Upon completion of the liquidation of the assets of the corporation, the appropriate officers are authorized and directed to execute the necessary formal documents and to do all other things that may be necessary to complete the liquidation and dissolution of the corporation.
- 5. The officers and directors of the corporation are authorized and directed to do and perform such acts, execute and deliver such documents and do all things that mey be necessary or advisable to carry out the liquidation and dissolution of the corporation in accordance with this Plan.