Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

: (850)617-6380 Fax Number

Account Name : REZLEGAL, LLC 120140000033 Account Number : Phone (904) 685-9321

Fax Number

: (904) 567-1066

# DISSOLUTION OR WITHDRAWAL SEASIDE CHILDREN'S DENTISTRY INC.

Certificate of Status	0
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MAY -2 2022

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P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

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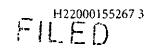
TO: Amendment Section Division of Corporations	
Subject: Seaside Children's Dentistry, Inc.	
DOCUMENT NUMBER: P98000014410	
The enclosed Articles of Dissolution and f	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Mary Kate Mahoney	
(Name of	Contact Person)
RezLegal, LLC	
(Fin	n/Company)
\$16 A1A North, Suite 204	
(A	ddress)
Ponte Vedra Beach, FL 32082	
(City/Sta	ite and Zip Code)
For further information concerning this ma	tter, please call:
Mary Kate Mahoney	at ( <sup>9004-297-0981</sup>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
■ \$35 Filing Fee	☐ \$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: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

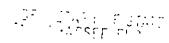
2415 N. Monroe Street, Suite 810

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2022 APR 29 AM 8: 09

### 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:	
	Seaside Children's Dentistry, Inc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: 4/28/2022	
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
•	Signature: James Patrick Weaver	
`	(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)	
	J. Patrick Weaver, D.M.D.	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

Filing Fee: \$35

### **Notice of Corporate Dissolution**

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This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Seaside Children's Dentistry, Inc. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_ (date filed with the Dept, if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Date of event giving rise to claim; nature of claim/description of event giving rise to claim; amount of claim; name and contact information of claimant; and copies of any written agreement or other documentation supporting claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 3020 Harley Road, Suite 210 Jacksonville, FL 32257 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. J. Patrick Weaver, D.M.D.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing

Signature of the Person Filing