

CONTACT LENSES

# S50696

John H. Lexow, O.D.P.A.

OPTOMETRY

294 WESTWARD DRIVE  
MIAMI SPRINGS, FLA. 33166

2/19/99

FILED  
FEB 22 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
PAGE: 887-4166  
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TO WHOM IT MAY CONCERN;

PLEASE BE ADVISED THAT I HAVE RETIRED  
AND CLOSED MY BUSINESS AS OF JULY 1, 1998.  
MY NEW PHONE (#) NUMBER IS (305) 888-5575  
AND NEW ADDRESS IS, DR. JOHN H. LEXOW  
1115 DOVE AVE.  
MIAMI SPRINGS, FL. 33166

ENCLOSED IS MY CHECK IN THE AMOUNT  
OF \$43.75 WHICH REPRESENTS \$35.00 FOR THE  
FILING FEE FOR THE ARTICLES OF DISSOLUTION AND  
\$8.75 FOR A CERTIFIED COPY OF THE DISSOLUTION,  
WHICH I REQUEST THAT YOU SEND TO ME AT THE  
ABOVE ADDRESS. IF THERE IS ANY ADDITIONAL COST,  
THAT IS, FOR EXTRA PAGES, PLEASE NOTIFY ME AND  
I WILL SEND A CHECK FOR THE ADDITIONAL CHARGE.

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-02/22/99--01085--003  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

YOUR'S TRULY,

John H. Lexow O.D.

CC  
2/22

## 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 is: JOHN H. LEXOW O.D. P.A.

SECOND: The date dissolution was authorized: 2/1/99

THIRD: 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 vote 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 15 day of FEBRUARY, 19 99.

Signature

John H. Lexow O.D.  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

JOHN H. LEXOW O.D.  
(Typed or printed name)

OWNER (PRES.)  
(Title)

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