V23145

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(======================================		
(Document Number)		
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SECRETARY OF STATE OF CORPORATION OF

Volun. Diss W/Notice DC 10/26/05

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORA	-T70N
DOCUMENT NUMBER: 123145	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Spraneline Russo	
(City/State and Zip Code)	PA PROVINGELY 2717 Wichaus Welsonne
For further information concerning this matter, please call: Output MSCO at (Sel) QQU (Name of Contact Person) (Area Code & Daytin	- 258 ne Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certing enclosed) (Additional copy is Certing enclosed)	.50 Filing Fee, ificate of Status & ified Copy litional copy is losed)
MAILING ADDRESS:STREET ADAmendment SectionAmendmentDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildTallahassee, FL 323142661 Execut	Section Corporations

Tallahassee, FL 32301

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:		
	Jacquella Kusso, DDS., P.A.		
SECOND:	The document number of the corporation (if known): $\sqrt{3145}$	<u> </u>	
THIRD:	The date dissolution was authorized: $12-3-03$		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution f	ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or disso	lution
	Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by		co
		05 (SEC
	(voting group)	05 OCT 20 AM 11:53	- SA
		0 A	RY OR
	Mana a Ku (-C)	=======================================	F STA PORA
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by	ည်	TON
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		0,
	landing Ruce		
	(Typed or printed name of person signing)		
	owner DIRECTOR		

Filing Fee: \$35

Notice of Corporate Dissolution

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. Name of Corporation:___ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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