

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
ABSOLUTE HAIR LOSS SOLUTIONS INC
- SECOND:** The document number of the corporation: P13000060759
- THIRD:** The date dissolution was authorized: November 15, 2018  
Effective date of dissolution: December 31, 2018
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RONALD BROWN PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Dec 07, 2018**  
**Secretary of State**

## **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.

Name of Corporation:

ABSOLUTE HAIR LOSS SOLUTIONS INC

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:

COMPANY WAS CLOSED

Mailing address where claims can be sent:

900 BOWERSOX DRIVE  
THE VILLAGES, FL 32159

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RONALD BROWN

Electronic Signature of the Person Filing