

FILED
May 07, 2025
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
AMERICUS HAIR SALON INC

SECOND: The document number of the corporation: P16000076705

THIRD: The file date of the articles of incorporation: September 19, 2016

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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: NIUVIS NODA LEON PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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:

AMERICUS HAIR SALON 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:

DISSOLVING INCORPORATION AND I WILL NOT REINSTATED. I AM CURRENTLY FILING TO OPEN AN LLC WITH THE SAME NAME INSTEAD OF INCORPORATION. DOCUMENT NUMBER: W25000062802 ENTITY NAME: AMERICUS HAIR SALON LLC TRACKING NUMBER: 500449647295

Mailing address where claims can be sent:

3212 N ARMENIA AVE
TAMPA, FL 33607

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: NIUVIS NODA LEON

Electronic Signature of the Person Filing