

NO70000003463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

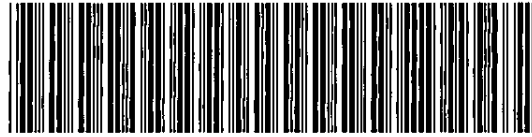
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000211144000

~~EFFECTIVE DATE~~
~~11-23-11~~

done with notice

08/31/11--01026--019 **52.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 AUG 31 PM 2:29

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 PM 2:34

FILED

DOF
8/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of The Florida Association of Beauty Professionals, Inc.

DOCUMENT NUMBER: not known

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Padgett
(Name of Contact Person)

Florida Retail Federation
(Firm/Company)

227 S. Adams St.
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Padgett at (850) 222-4082
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
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ARTICLES OF DISSOLUTION SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
The Florida Association of Beauty Professionals, Inc.

SECOND: The document number of the corporation (if known): not known

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast by the
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in
accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was August 26, 2011.

The number of directors in office was 4 and the vote for resolution was
4 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: November 23, 2011
(no more than 90 days after dissolution file date)

Signature X Joanne Powers
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Joanne Powers
(Typed or printed name of the person signing)

Chair, Florida Association of Beauty Professionals, Inc.
(Title of person signing)

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. 617.1407, F.S.

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

Name of Corporation: The Florida Association of Beauty Professionals, 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:

1). Name, address and phone number of claimant

2). The amount claimed

3). The basis of the claim

4). The date on which the claim arose

5). Documentation supporting the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ATTN: Samantha Padgett

227 S. Adams St.

Tallahassee, FL 32301

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.

Samantha Padgett

Printed Name of the Person Filing



Signature of the Person Filing

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