·
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/18/08--01008--001 **43.75

COVER LETTER

Division of Corporations
SUBJECT: Dissolution N/P Carp
DOCUMENT NUMBER: NOS 000000015
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erica Macon
Beautiful - I Am/ The Man U Am, In
617 Acorn Grove Ct
Tallahassee FL 32312
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Contact Person) at (800) Odd 03 // (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount: \$\sum{3.75} \text{Filing Fee & \$\sum{3.75} \te
enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION

FILED

	section 617.1401, Florida Statutes, this Florida not for profit corpor 2014 NO bits at Saltying
Arțicleș of I	Dissolution: SECRETARY OF STATE TALLAMASSES FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Blautiful - I Am / The Man I Am, Inc
SECOND:	The document number of the corporation (if known): NOS 000000015
THIRD:	The file date of the articles of incorporation:
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	☐ The dissolution was authorized by a majority of the directors: OR
	The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Sign	ature: (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)
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35