P00000094150

(Re	equestor's Name)	
(Ac	idress)	
(Ac	Idress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
:		

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10/22/15--01017--014 **35.00

2815 OCT 22 AM 9: 12

OCT 23 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: closing business		
DOCUMENT NUMBER: P000000941:	50	
The enclosed Articles of Dissolution ar	nd fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Helene Barbeau		
(Name	of Contact Person)	
Helene's Nightlight, inc.		
(1	Firm/Company)	
1841 sw Bellevue Ave		
	(Address)	
Port Saint Lucie,FL 34953		
(City/	(State and Zip Code)	
For further information concerning this	matter, please call:	
Helene Barbeau	at (⁷⁷²⁻³⁴²⁻⁰⁵¹⁴	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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: HELENE'S NIGHTLIGHT, INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: September 15,2015				
	Effective date of dissolution if applicable: September 15, 2015				
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.				
	\Box Dissolution was approved by the shareholders through voting groups. $\frac{99}{30}$				
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by				
	HELENE BARBEAU				
	(voting group)				
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Helene Barbeau				
	(Typed or printed name of person signing)				
	President,owner				
	(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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. HELENE'S NIGHTLIGHT INC. 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: SALES RECEIPT. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1841 sw Bellevue Ave., Port Saint-Lucie 34953 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. Helene Barbeau Printed Name of the Person Filing