

PO 10005416758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

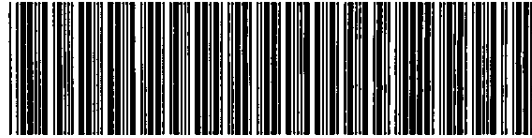
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280115689

12/16/15--01022--016 **35.00

FILED

16 JAN 28 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2016

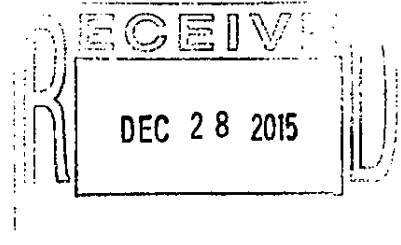


FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2015

LESLIE S JOHNSON
65 E STATE STREET SUITE 1400
COLUMBUS, OH 43215

SUBJECT: COSMIC KISS INC.
Ref. Number: P01000046758



We have received your document for COSMIC KISS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

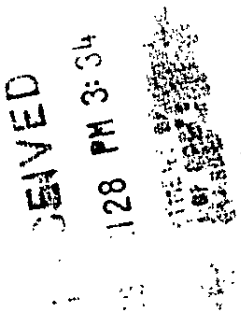
The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 715A00026528





Leslie S. Johnson

Direct Phone: 614.233.5161
Direct Fax: 614.233.5191
Email: ljohnson@hahnlaw.com

January 14, 2016

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

Re: Cosmic Kiss, Inc. – Doc. No. P01000046758

Dear Clerk:

Pursuant to your letter of December 18, 2015 (copy attached), enclosed please find the corrected Articles of Dissolution for the above-referenced entity. I understand that my firm's check in the amount of \$35 is being held in the file and will be used to file the Dissolution.

Please proceed to file the enclosed Articles of Dissolution and notify our office if any further information is needed.

Sincerely,

A handwritten signature in black ink that reads "Leslie S. Johnson".

Leslie S. Johnson

jo
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cosmic Kiss, Inc.

DOCUMENT NUMBER: P01000046758

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

Please return all correspondence concerning this matter to the following:

Leslie S. Johnson

(Name of Contact Person)

Hahn Loeser & Parks LLP

(Firm/Company)

65 E. State Street, Suite 1400

(Address)

Columbus, Ohio 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie S. Johnson

at (614) 221-0240

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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:
Cosmic Kiss, Inc.

SECOND: The document number of the corporation (if known): P01000046758

THIRD: The date dissolution was authorized: 12/31/2015

Effective date of dissolution if applicable: upon filing

(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.

☐ Dissolution was approved by the shareholders through voting groups.

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

(voting group)

Signature: Michael F. Moran

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael F. Moran

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
16 JAN 28 PM 5:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Name of Corporation: Cosmic Kiss, 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:

Name and address of claimant, amount and nature of claim, including events and circumstances giving rise to the claim,

and the date the claim arose.

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

Cosmic Kiss, Inc.

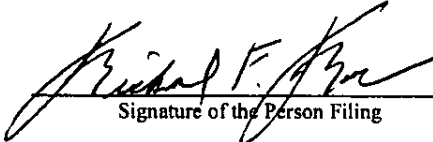
110 E. Wilson Bridge Road, Suite 100

Worthington, Ohio 43085

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.

Michael F. Moran

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