P01000049526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)
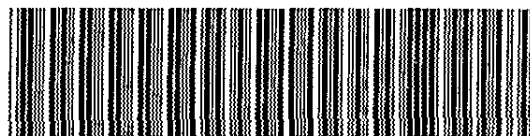
(Document Number)

Certified Copies _____ _ Certificates of Status ___✓___

Special Instructions to Filing Officer:

③

Office Use Only

Dissolution

400009106914

11/22/02--01044--004   **43.75

FILED
02 NOV 22 AH 9: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN DEC - 3 2002

TO: Florida Division of Corporations
       P.O. Box 6327
       Tallahassee, FL   32314

From: Linda Sagaille, President
       RN Cosmetics, INC.   EIN # 65-1106336
       41 NE 165 Street
       North Miami, FL   33162

RE: Dissolution of RN Cosmetics,   INC.

Date: Monday, November 18, 2002

Please find enclosed, an Articles of Dissolution form.   The
form has been completed and signed by Linda Sagaille,
President of RN Cosmetics INC.   Also enclosed, please find
a check for 43.75 This check has been issued to pay for the
filing fee of $35.00 and $8.75 for a certificate of status.

Please inform me of any additional forms or information that you
will need to process this request in the most expedient manner.

   Thank you very much for your attention and cooperation in this
dissolution request.

Linda Sagaille, President

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is:_____ RN Cosmetics, INC._____

_____

SECOND: The filing date of the articles of incorporation was:____05/17/01_____

THIRD: (CHECK ONE)

     ☒ None of the corporation's shares have been issued.

     ☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

     ☑ A majority of the incorporators authorized the dissolution.

     ☐ A majority of the directors authorized the dissolution.

Signed this ____18th day of ____November, 2002_____ , _____.

Signature _____

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Linda Sagaille, President
_____
(Typed or printed name)

President
_____
(Title)