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SEURLTARY OF STATE
ASSEE, FLORIDA

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COVER-LETTER

TO: Amendment Section Division of Corporations	*
SUBJECT: Articles of Dissolu	mc/
DOCUMENT NUMBER: POLOCOSSOL	28
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Cris Roy	
(Name of Contact Person)	
Faces Etc. By (Firm/Company)	ris, Inc
5988 Rena Aue	
(Address) (Address) (Sign part Coa Sage Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)	127
<u>Cris Boy</u> at (32)	Ode & Daytime Telephone Number)
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certificate of Status Certified Copy (Additional copenclosed)	
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: The name of the corporation as currently filed with the Florida Department of State! DA FIRST: Faces Etc. By Cris, Inc. The document number of the corporation (if known): 40000882 SECOND: THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) 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: (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) (Typed or printed name of person signing)

Filing Fee: \$35