

P02000026415

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV 18 AM 11:22

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution for Finger Spa, Inc.

**DOCUMENT NUMBER:** P02000026415

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

Please return all correspondence concerning this matter to the following:

Kathleen H. Abraham

(Name of Person)

Finger Spa, Inc.

(Name of Firm/Company)

11767 NW 48th Street

(Address)

Coral Springs, FL 33076

(City/State/and Zip Code)

For further information concerning this matter, please call:

Kathleen H. Abraham

(Name of Person)

at ( 954 ) 509-0707

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**ARTICLES OF DISSOLUTION  
OF  
FINGER SPA, INC.**

Pursuant to Section 607.1403, Florida Statutes, Finger Spa, Inc., a Florida corporation  
(the "Corporation"), submits the following articles of dissolution:

**ARTICLE I  
NAME**

The name of the Corporation is: FINGER SPA, INC.

**ARTICLE II  
DATE DISSOLUTION AUTHORIZED**

The shareholders of the Corporation authorized the dissolution of the Corporation on  
October 31, 2004.

**ARTICLE III  
SHAREHOLDER APPROVAL**

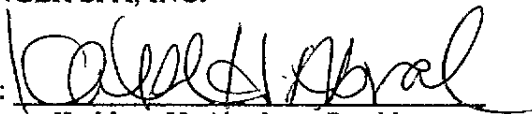
The dissolution was by written consent of the shareholders of the Corporation and the  
number of votes cast for dissolution was sufficient for approval.

**ARTICLE IV  
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of  
Dissolution are filed by the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of  
the Corporation by its duly authorized officer on October 31, 2004.

FINGER SPA, INC.

By:   
Kathleen H. Abraham, President

04 NOV 18 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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: FINGER SPA, 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:

Information must be provided which allows the claim, the basis of the claim, and the amount of the claim to  
be determined accurately. All information relating to the time at which the claim arose and all documentation  
supporting such claim must also be provided.

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

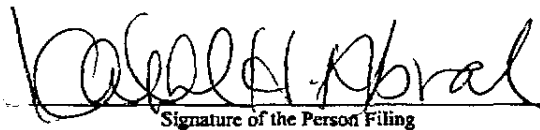
11767 NW 48th Street

Coral Springs, Florida 33076

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.

Kathleen H. Abraham

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