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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations DOCA RATON HAIR CARR, INC. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RATUN HALLS CAPE INC
(Name of Firm/Company) L-EPMITAGE CIRCLE
(Address) For further information concerning this matter, please call: at (S61) 362-9323 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:

Amendment Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with Department of State:
	BOCA RATON HAIR CARE, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation was 2003 (Fig. 7)
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	None of the corporation's shares have been issued.  The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	Signed this day of July 2004.
Signat	(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)
	TROSIDE ATT

Filing Fee: \$35