## 403000039233

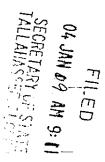
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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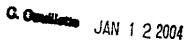
Office Use Only



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01/09/04--01030--003 \*\*52.50





## TRANSMITTAL LETTER

TO: Amendment Section

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: DISSOLUTION OF STEPHANE LEVIN, INC.  |  |  |
| DOCUMENT NUMBER: P0300003923  | 3  |  |
| The enclosed Articles of Dissolution and fee are submitte   | d for filing.  |  |
| Please return all correspondence concerning this matter to  | the following:   |  |
| STEPHANIE LEUIN (Name of Person)  |  |  |
| STEPHANIE LEUIM, I  | ENC.   |  |
| 3704 CRABAPPLE DE   | ટા <b>∀ ∈</b>  |  |
| (Address)   |  |  |
| PORT ST. LUCIE, FL 34952<br>(City/State/and Zip Code)   |  |  |
| (City/State/and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| STEPHANIE LEVIN at (77) (Name of Person) (Area (  | Code & Daytime Telephone Number)   |  |
| Enclosed is a check for the following amount:   |  |  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Certificate of Status Certified Co (Additional of enclosed) | ppy Certificate of Status &  |  |
| 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

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

| FIRST:   | RST: The name of the corporation as currently filed with Department of State:   |  |
|----------|---|--|
| _        | STEPHANIE LEVIN, ENC.   |  |
| SECOND:  | The document number of the corporation (if known): Pos 00039233   |  |
| THIRD:   | The file date of the articles of incorporation was: 4/1/2003  |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)  |  |
|          | 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)   |  |
|          | Adoption of Dissolution (CHECK ONE)  A majority of the incorporators authorized the dissolution.  |  |
|          | A majority of the directors authorized the dissolution.   |  |
|          | Signed this 31 day of December  |  |
| Signatu  | re:  (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)   |  |
|          | INCO PORATOR OWNER  (Title of person signing)   |  |

Filing Fee: \$35