P03000049074

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2007 DEC 28 PM 2: 2

Dissolution

1.3 1

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Cuts Etc. Inc. DOCUMENT NUMBER: P03000049074 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer North (Name of Contact Person) Cuts Etc. Inc. (Firm/Company) 116 Wellston Circle (Address) Warner Robins, Ga. 31093 (City/State and Zip Code) For further information concerning this matter, please call: Gloria Malden Kaplan, EA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee \$\subset\$\$\\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Jursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Cuts, Etc., Inc.
SECOND:	The document number of the corporation (if known): P03000049074
THIRD:	The date dissolution was authorized: November 20, 2007
	Effective date of dissolution if applicable: November 20, 2007 (no more than 90 days after dissolution file date)
OURTH:	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 LAHASSEE TARY OF STATE (voting group)
	(voting group) OF STATE OF STATE ORIDA
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by on incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Jennifer North
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35