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400047227044

03/11/05--01015--089 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of a corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Camela Braswell
Scent from Above, Inc. (Name of Person) (Name of Firm/Company)
PO BOX 565224
(Address)
Miami, FL 33256 (City/State/and Zip Code)
For further information concerning this matter, please call:
Came a Braswell at (186) 357-2264 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (Additional copy is \\ \text{enclosed}\$)\$\$ (Additional copy is \\ \text{enclosed}\$)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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: Scent from Hove Inc.
SECOND:	The document number of the corporation (if known): PO40 0000499
THIRD:	The file date of the articles of incorporation was: Jan. 67, 2004
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)
	A majority of the incorporators authorized the dissolution.
Signati	A majority of the directors authorized the dissolution. Signed this
Bighan	(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.)
	Camela Braswell
	(Typed or printed name of person signing) Director
	(Title of person signing)

Filing Fee: \$35

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.

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:

Name, address & phone number of company Amount of claim Description of claim. Date of original invoice or claim

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

PO Box 565224 Miani, Fl 33256

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.

iela Draswell

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00