# POY 0000 57994

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(S.		,
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

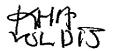


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SECRETARY OF STATE
ALLANIASSEE FILISHIA



TO: Amendment Section Division of Corporations

SUBJECT: Voluntary Dissolution of a	Corporation	
DOCUMENT NUMBER: P0400005799	94	
The enclosed Articles of Dissolution and fee a		
Please return all correspondence concerning thi	s matter to the following:	
Jessica A. Mendez		
(Name of Con	tact Person)	
Big Hair, Inc.		
(Firm/Company)		
5580 NE 4th Court, Suite 3		
(Address)		
Miami, FL 33137-2695		
(City/State ar	nd Zip Code)	
For further information concerning this matter,	please call:	
Jessica A. Mendez	at ( 305 ) 205-7677	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
(A	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, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION

Pursuant 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:	
	Big Hair, Inc.	
SECOND:	The document number of the corporation (if known): P04000057994	
THIRD:	The date dissolution was authorized: 04/30/2006	
	Effective date of dissolution <u>if applicable</u> : 09/30/2006  (no more than 90 days after dissolution file date)	
FOURTH:	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	
	Jessica A. Mendez, Shareholder Approval 100%	
	(voting group)  FLORIDA  (voting group)  FLORIDA	
	Signature:  (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	
	Jessica A. Mendez	
	(Typed or printed name of person signing)	
	President	
(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.

Name of Corporation: Big Hair, 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:

## Allow 8-12 weeks to process any claim. Please provide the following:

- Copies of Original Contract(s), Invoice(s), Notice(s), Bill of Sale(s) or something that will verify your claim. Please include Accout Number(s), Amount(s), Calculation(s).\*\*
- 2. You must provide a Name, Address, Telephone Number and Contact Person for the Claim.
- \*\* Note: Failure to provide ALL information requested may result in the denial of your claim.

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

Big Hair, Inc.

Attn: Claims Administration

5580 NE 4th Court, Suite 3

Miami, FL 33137-2695

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.

Jessica A. Mendez, President

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