## Po4000070055

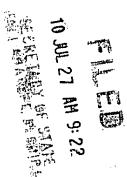
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: A HAIR FLICK INC		
DOCUMENT NUMBER: P04000070055		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MANFRED SABLOWSKI		
(Name of Contact Person)		
(Firm/Company)		
11314 DURHAM ST		
(Address)		
PARRISH, FL 34219		
	nd Zip Code)	
For further information concerning this matter,	please call:	
MANFRED SABLOWSKI at ( 941 ) 447-8212		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status (2	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy	
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: A HAIRFLICK, INC. The document number of the corporation (if known): P04000070055 SECOND: The date dissolution was authorized: 6/30/10 THIRD: Effective date of dissolution <u>if applicable:</u> 6/30/10 (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 (voting group) Signature: (By a director, president or other officer - if d rectors or officers have not been selected, an incorporator - if in the hands of a receiver trustee, or other court appointed fiduciary. that fiduciary) MANFRED SABLOWSKI (Typed or printed name of person signing) **VP** 

Filing Fee: \$35

(Title of person signing)