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(Requ	estor's Name)	
(Addre	:SS)	
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(City/S	State/Zip/Phone	e #)
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(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CORPORATE DISSOLUTION			
DOCUMENT NUMBER: 6 4000133740			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
STEVAN & VOUNT	<u> </u>		
(Name of Contact Person)			
YOURS BEAUTY SALOWS FAC. (Firm/Company)			
3920 SouthyIEW Dr. (Address)			
BRANDON R 33511 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (813) 6667 (Area Code & Daytime	1379 Telephone Number)		
Enclosed is a check for the following amount:			
(Additional copy is Certif	cate of Status & ed Copy ional copy is		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Ciffon Building 2661 Executive	ection rporations		

Tallahassee, FL 32301

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 the Florida Department of State:			
	YOUNG BEAUTY SALONS INC.			
SECOND:	The document number of the corporation (if known): PO 4000 133740	١		
THIRD:	The file date the articles of incorporation: SEPT 24, Zoo 4			
FOURTH:	(CHECK AT LEAST ONE BOX)	2		
	None of the corporation's shares have been issued.	֓֞֜֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֡֓֓֡		
	The corporation has not commenced business.	ن -		
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH: 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.			
A majority of the directors authorized the dissolution.				
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.)				
	STEVAL G YOUNG (Typed or printed name of person signing)			
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: 10116 BEAN	aty salows Falc.
Date of dissolution will be the date the dissolution is filed wi specified in the Articles of Dissolution.	th the Department of State or as
Description of information that must be included in a claim:	
NAME	
ADDRESS	
DESCRIPTION OF CLOS	
Amount OF Classon	
	CHARGES
Mailing address where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
3826 Souther	ieu ar
DRAHDON FC	33511
	• • •
	<u></u>
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
STEVAN & JOURNA Filing	Signature of the Person Pring

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