

PO 5000 137196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

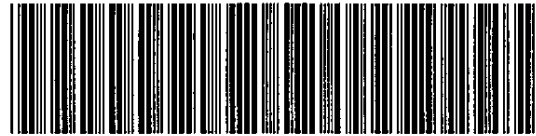
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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06/05/06--01017--012 \*\*43.75

EFFECTIVE DATE

06-09-06

FILED

06 JUN -5 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss  
SFL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** PO5000137196

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA M. DAVIS

(Name of Contact Person)

(Firm/Company)

2145 NW 32nd DR

(Address)

OKTACHOBEE, FL 34972

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA M. DAVIS

(Name of Contact Person)

at

(863) 697-8656

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(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

EFFECTIVE DATE  
6-205

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:

VIP Nails Inc.

SECOND: The document number of the corporation (if known): POS000137196

THIRD: The date dissolution was authorized: 1 June 2006

Effective date of dissolution if applicable: 9 June 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

\_\_\_\_\_  
(voting group)

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)

Amanda M. Davis

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA