P0500153101

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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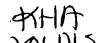


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COVER LETTER

Division of Corporations		
SUBJECT: ARBOR BARBER INC		
DOCUMENT NUMBER: POSO00153101		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MICHAEL SALOMONE		
(Name of Contact Person)		
(Firm/Company)		
162 NW 158TH LANE		
(Address)		
PEMBROKE PINES FL 33028 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MICHAEL SALOMONE at (974) 665-8004 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigsquare \\$43.75 Filing Fee & \$\Bigsquare \\$43.75 Filing Fee & \$\Bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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 607.1401, 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:
	ARBOR BARBERING
SECOND:	The document number of the corporation (if known): \$\int \text{05000} \tag{3101}\$
THIRD:	The file date of the articles of incorporation: 11/17/05
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.
	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 incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signa	
	MICHAEL SALOMONE (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35