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2-1-12

FILED
2012 JAN 13 AM 9-49

Diss.

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: <u>P05000153399</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD F. MAMMEL
(Name of Contact Person)
FACETS ENTERPRISES, INC
(Firm/Company)
488 PERPERWOOD CT
(Address)
MARCO BLAND, FL. 34145
(City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD F. MAMMEL at (239) 389-2828
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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:
	FACETS ENTERPRISES, INC.
SECOND:	The document number of the corporation (if known): P05000153399
THIRD:	The date dissolution was authorized: 1/1/12 or JAW, 1, 2012
	Effective date of dissolution if applicable: 2/1/12 or Feb. 1, 2012
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. $2-1-12$
	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) REPARY OF STATE (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) (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35