

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
	ocument Number)	
(DC	cument Number)	
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: PANDORA'S BOX BEAUTY STU	DIO, INC.	
DOCUMENT NUMBER: P06000039722		
The enclosed Articles of Dissolution and t	fee are submitted for filin	g.
Please return all correspondence concernin	g this matter to the follow	ving:
DONNA FEARON		
(Name of	Contact Person)	· <del>-</del>
PANDORA'S BOX BEAUTY STUDIO, INC.		
(Fir	m/Company)	
6671 SUNSET STRIP		·
(A	(ddress)	
SUNRISE, FL 33313		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
DONNA FEARON	at (	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	unt:	•
\$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	STREET ADDRESS: Amendment Section	

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

FIRST:

 $\Omega_{2}$ 

	PANDORA'S BOX BEAUTY STUDIO, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:  (no more than 90 days  Note: If the date inserted in this block does not meet the applicable statutory	s after dissolution file date)		
	not be listed as the document's effective date on the Department of State's re			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number was sufficient for approval.	of votes cast for dissolution		
	☐ Dissolution was approved by the shareholders through votin	g groups.		
	The following statement must be separately provided for each ve to vote separately on the plan to dissolve:	oting group entitled		
	The number of votes cast for dissolution was sufficient for appro	oval by		
	1DONNA FEARON	至一方		
	(voting group)	0C		
		T-5 PI		
•	Signature:			
	(By a director, president or other officer - if directors or officers have not be an incorporator - if in the hands of a receiver, trustee, or other court appoint that fiduciary)	en selected, by ed fiduciary, by		
	DONNA FEARON			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			