P06000047/66

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
	,g =ea	





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Dhithnot Inact.



COVER LETTER

Division of Corporations		
SUBJECT: Dissolution of Career Couture, Inc		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ARlene Avacet		
(Name of Contact Person)		
Career Couture Inc		
(Firm/Company)		
8113 NW 153 Terrace		
(Address) Lakes, \$\frac{33016}{}		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Arene Avalet at (305) 899-0550 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$\square\$\square\text{\$\sq\are\text{\$\		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION JUN 16 PM 14 05

Pursuant to section 607.1401, Florida Statutes, this Florida profit corpo ation for the corpo ation of the corpo at the co

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Career Course Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $4-3-06$
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.
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.
Sign	ature: (By a director, president of 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

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:

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Organical State of State or as specified in the Articles of Dissolution.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Same as on fle 3113 NW 153 Krace Jumi Lako, A 33016

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filling

Signature of the Person Filing

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