P07000090055

(Re	questor's Name)	·	
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
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(Document Number)			
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FILED

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: She Sez Holdings Corporation, Inc.
DOCUMENT NUMBER: <u>P0700090055</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pober + a Brown - Malary (Name of Contact Person)
(Firm/Company) 1863 Temple Payk Dr. (Address)
Loganville, GA 30052 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (QQ) 559-3718 (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) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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:				
	She Sez Holdings Corporation INC				
SECOND:	The document number of the corporation (if known): <u>P0700090055</u>	三,			
ГHIRD:	The file date of the articles of incorporation: $8/9/0^{\circ}$				
FOURTH:	(CHECK AT LEAST ONE BOX)	r talky			
	None of the corporation's shares have been issued.	इ.			
	The corporation has not commenced business.	A A			
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 or other officer - if directors or officers have not been delected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)				
	BOBERTA BROWN—MALARY (Typed or printed name of person signing)				
CEO (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: She Sez Holdings Corporation I	NC		
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:		•	
Name, Address, Company, Claim Amount, Acco	ount	<u></u>	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	08 AUG 11 PM 1: 17	ATTN CVALUE

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.

Perta Brown - Malary
Printed Name of the Person Filing

Ganatum of the Person Filing