P01000099805

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COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION of Corporation
DOCUMENT NUMBER: <u>P0 7000099805</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherrie Lynn Rabsatt (Name of Contact Person)
Hate of Elegance, Inc. (Firm/Company)
6414 8W 18th Street (Address)
Miramar, Fl 33023 (City/State and Zip Code)
For further information concerning this matter, please call:
Sherrie Rahsatt at (305) 409-3405 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status
MAILING ADDRESS: A mendment Section A mendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

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:	
	Hata of Elegance	
SECOND:	The document number of the corporation (if known): PO 7000 6998 05	
THIRD:	The file date of the articles of incorporation: $9-6-2007$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	TIL SEE
FIFTH:	No debt of the corporation remains unpaid.	JUL -9
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	9 新通
SEVENTH:	Adoption of Dissolution (CHECK ONE)	7
	☐ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	ature: Rales att	
	(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.)	
	Sherrie Lynn Rabsatt (Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35