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| Special Instructions to | Filing Officer: | | | |
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 26, 2009

GLADYS DE VALLE 9951 ATLANTIC BLVD. STE. 314 JACKSONVILLE, FL 32225

SUBJECT: BEAUTY CONCEPT STUDIO INC

Ref. Number: P07000118735

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The dissolution must contain one the following statements: (Note: cannot be authorized by an incorporator if there are directors)
(1)The dissolution was authorized by a majority of the directors.

(2)The dissolution was authorized by an incorporator.

(3) The dissolution was authorized by a majority of the incorporators.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 709A00033979

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | |
|---|---|---------------------------------------|--|
| SUBJECT: BEAUTY CONCEPT STU | JDIO INC | - , | |
| DOCUMENT NUMBER: P0700011873 | 35 | | |
| The enclosed Articles of Dissolution and fee ar | e submitted f | for filing. | |
| Please return all correspondence concerning this | s matter to th | e following: | |
| GLADYS DEL VALLE | | | |
| (Name of Co | ontact Person) | | |
| MBA GROUP PROFESSIONAL CO | | | be- |
| | ompany) | | %. |
| 9951 ATLANTIC BLVD STE 314 (Add) | | | |
| , | 1655) | | |
| JACKSONVILLE FL 32225 (City/State ar | nd Zip Code) | <u> </u> | |
| | • | | |
| For further information concerning this matter, | • | 005.0 | 700 |
| G. DEL VALLE (Name of Contact Person) | at (<u>904</u> | | 790 meTelephone Number) |
| | (1110 | code a Dayin | no respicate (value et) |
| Enclosed is a check for the following amount: | | | |
| ✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Fil Certified C (Additiona enclosed) | Сору | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amendmen Division of Clifton Bu | of Corporations |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of | f State: | | |
|---------|---|-----------|------------------|------|
| | BEAUTY CONCEPT STUDIO INC | ~ | | |
| SECOND: | The document number of the corporation (if known): P07000118735 | - | | |
| THIRD: | The file date of the articles of incorporation: 10/30/2007 | | | |
| FOURTH | The corporation has not commenced to conduct its affairs. | | | |
| FIFTH: | No debts of the corporation remains unpaid. | | | |
| SIXTH: | Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directed | ors) | | |
| | The dissolution was authorized by a majority of the directors: OR | Ser. | 99 | |
| | The dissolution was authorized by an incorporator. | | 09 NOV -2 | 72.0 |
| | ☐ The dissolution was authorized by a majority of the incorporators. | ARY OF | • | |
| | | BALE | 01 th Hd | |
| Sign | (By the chairman or vice chairman of the board, president or other officer- if directors h selected, by an incorporator- if in the hands of a receiver, trustee, or other court appoint that fiduciary) | ave not b | oeen iary, by | , |
| | Zulma Bank (Typed or printed name of person signing) | | | |
| | President (Title of person signing) | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35