DDA5465

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF DEVI	NE STYLE INC
DOCUMENT NUMBER: PO 7000 1254	165
The enclosed Articles of Dissolution and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following	owing:
OLYMPIA DEVINE (Name of Contact Person)	
DEVINE STYLE IN	•
777 S. FLAGLER D (Address)	RIVE SUITE 800 WEST
WEST PAIN BEACH F1. 3 (City/State and Zip Code)	70WER 33401
For further information concerning this matter, please call:	
OLYMPIA DEVINE at (60) (Name of Contact Person) (Area Code	515 6097 & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\infty\$	& []\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendment Section And Division of Corporations Division 6327 CI	REET ADDRESS: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301

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:	
	DEVINE STYLE INC	
SECOND:	The document number of the corporation (if known): PO 7000/25465	
THIRD:	The file date of the articles of incorporation: NOV 20, 2007	
FOURTH:		
	(CHECK AT LEAST ONE BOX) BUSINESS WAS DORNANT 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 incorporators authorized the dissolution. A majority of the directors authorized the dissolution.	
	TO THE STATE OF STATE	
Sign	(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.)	
	OLYMPIA DEVINE (Typed or printed name of persot signing)	
	INCORPORATOR & DIRECTOR_ (Title of Person Signing)	

Filing Fee: \$35