Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: GREEN SCHOENFELD & KYLE LLP

Account Number : I2000000177

: (239)936~7200

Phone

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## DISSOLUTION OR WITHDRAWAL HP COSMETIC, INC.

Certificate of Status	0
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2 2014

EXAMINER



August 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HP COSMETIC, INC. 13450 PARKER COMMONS BLVD. #105 FORT MYERS, FL 33912

SUBJECT: HP COSMETIC, INC.

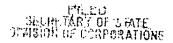
REF: P08000016057

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

DATE OF DISSOLUTION WAS AUTHORIZED MUST BE NOTED.

The document must contain the names and street addresses of the members or managers of the limited liability company.

RECEIVED
14 AUG 29 MAIO: 52
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## 14 AUG 29 AM 9: 11

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Plorida Statutes, this Florida profit corporation submits the following articles of dissolution:

PIRST:	The name of the corporation as currently filed with the Florida Department of State: HP Cosmetic, Inc.
SECOND:	The document mumber of the corporation (if known): P08000016057
THIRD;	The date dissolution was authorized: August 1, 2014
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Shareholders
	(voling group)
s	ignature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in his hands of a receiver, Unistee, or other court appointed fiduciary, by that fiduciary)
	Haley Joseph
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)

Filing Fee: \$35