

P080000 22468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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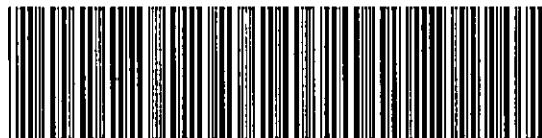
(Business Entity Name)

(Document Number)

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*Effective Date*

04/16/20--01016--009 \*\*35.00

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OFFICE OF STATE  
CLERK OF PROBATE  
20 APR 16 PM 1:25

*Dissolution*

MAY 06 2020

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business Dissolution

**DOCUMENT NUMBER:** P 08000022468

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorenza Thomas  
(Name of Contact Person)

Vivid Hair Design Studio, Inc.  
(Firm/Company)

1623 NW St. Lucie W. Blvd.  
(Address)

Port Saint Lucie, FL 34949  
(City/State and Zip Code)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
20 APR 16 PM 1:25

For further information concerning this matter, please call:

Lorenza Thomas at ( 914 419 9465 )  
(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    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Vivid Hair Design Studio, Corp.

SECOND: The document number of the corporation (if known): P08000022468

THIRD: The date dissolution was authorized: 2/26/20

Effective date of dissolution if applicable: 4/27/20

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: \_\_\_\_\_

(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)

Lorenza Thomas

(Typed or printed name of person signing)

President

(Title of person signing)

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RECEIVED  
DEPT OF STATE  
CORPORATION DIVISION

**Filing Fee: \$35**