## P09000082404

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(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

SUBJECT: DISSOLUTION OF SMART MONEY DIVAS INC. DOCUMENT NUMBER: P09000082404 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KATHERINE HIGGINBOTHAM (Name of Contact Person) (Firm/Company) 3950 TOWNSEND BLVD (Address) JACKSONVILLE, FL 32277 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## 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:
	SMART MONEY DIVAS INC.
SECOND	The document number of the corporation (if known): P09000082404
THIRD:	The date dissolution was authorized: 12/31/2009
•	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
	(voting group)
	Signature: Signature: 5
	(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)
	KATHERINE HIGGINBOTHAM
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SMART MONEY DIVAS INC.		
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.		
Description of information that must be included in a claim:		
COMPLETE INFORMATION ON ALL LIENS, PROOF OF MONIES OWED		
(RECEIVED AND NOT RECEIVED), ALL CONTRACTS, LICENSES, BANK		
STATEMENTS, TAX RETURNS, AND ANY AND ALL PERTINENT		
INFORMATION, DOCUMENTS AND DATA.		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
KATHERINE HIGGINBOTHAM		
3950 TOWNSEND BLVD		
JACKSONVILLE, FL 32277		
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced		
within 4 years after the filing of this notice.		
KATHERINE HIGGINBOTHAM		
Printed Name of the Person Filing		

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00