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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:FLORIN S BARBERSHO	DP CORP
DOCUMENT NUMBER: P10000030	595
The enclosed Articles of Dissolution as	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
MEMAJ FL	ORIN
(Name	of Contact Person)
FLORIN S BARBE	ERSHOP CORP
(Firm/Company)
4570 LYONS RC	AD STE 105
	(Address)
COCONUT CI	REEK, FL 33073
(City	/State and Zip Code)
For further information concerning this	matter, please call:
MEMAJ FLORIN	at () 864-9137
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following as	mount:
\$35 Filing Fee S43.75 Filing Fee Certificate of State	& S43.75 Filing Fee & S52.50 Filing Fee, us Certified Copy (Additional copy is enclosed) 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 Clifton Building 2661 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 Sta	te:	
SECOND:	The document number of the corporation (if known):	_	
THIRD:	The file date of the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	☐ 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. E_{ij}		
SEVENTH	: Adoption of Dissolution (CHECK ONE)	NOV -	
	A majority of the incorporators authorized the dissolution.	-7 P	
	A majority of the directors authorized the dissolution.	PH II: 42	<u></u>
Sign	nature:		
	(By a director, president or other officer if directors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	itor - if	
	MEMAJ FLORIN		
	(Typed or printed name of person signing)		
	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:	FLORIN S BARBERSHOP CORP		
Date of dissolution will be specified in the <i>Articles o</i>	e the date the dissolution is filed with f Dissolution.	the Department of State or as	
Description of informatio	n that must be included in a claim:		
			<u> </u>
Mailing address where cla	aims can be sent: (Claims cannot be se	ent to the Division of Corporations)	
-			
	<u></u>		
		<u> </u>	
A claim against the above within 4 years after the fi	e named corporation will be barred un ling of this notice.	less a proceeding to enforce the claim is	
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MEMAJ FLORIN		Helle	$\overline{}$
Printed	Name of the Person Filing	Signature of the Person Filing	

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