## P10000162980

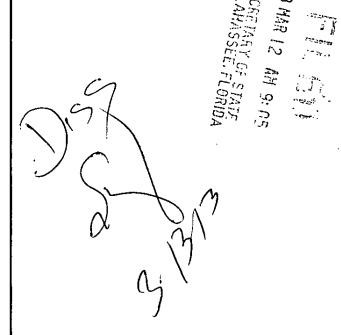
(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	





300245228873

03/12/13--01005--028 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations	
SUBJECT: Articles of Dissolution	
DOCUMENT NUMBER: P10000063980	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nguyet Van  (Name of Contact Person)  Sky Nails Inc.  (Firm/Company)	
Sky Nails Inc.	
(Firm/Company)	
1035 NW 117 AVQNUQ (Address)	
Coral Springs, FL 33071 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Nguyet Van at (954) 609-2588 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET 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:	
	Sky Nails Inc.	
SECOND:	The document number of the corporation (if known): P1000062980	
THIRD:	The date dissolution was authorized: 12/31/12	
	Effective date of dissolution if applicable: 13/31/13  (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:	
	(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)	
	Nga Van (Typed or printed name of person signing)  President	
	Prasident (Title of person signing)	

Filing Fee: \$35