## P100000090814

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: Dissolution of I.M. Incense, Inc. DOCUMENT NUMBER: P10000090814 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ira Schneider (Name of Contact Person) I.M. Incense, Inc. (Firm/Company) 2263 NW 2nd Avenue, Ste 205 (Address) Boca Raton, Florida 33431 (City/State and Zip Code) For further information concerning this matter, please call: Ira Schneider (Name of Contact Person) 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 Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section **Amendment Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

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:	
	I.M. INCENSE, INC.		
SECOND:	The document number of the corporation (if known): P10000090814		
THIRD:	The date dissolution was authorized: 02/27/2012		
	Effective date of dissolution if applicable: 02/27/2012  (no more than 90 days after dissolution for the second days)	île date)	<del></del>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or disso	lution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled	
	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)  IRA SCHNEIDER  (Typed or printed name of person signing)	12 HAR -5 AM 9: 28	SECRETARY OF STATE SECRETARY OF
	PRESIDENT		
	(Title of percon cigning)		

Filing Fee: \$35