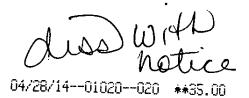
## P1100000266

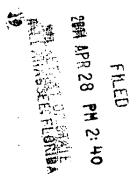
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Ducinosa Entity Nama)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of a Corporation
DOCUMENT NUMBER: 711000000266
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carrie Steinolfson
(Name of Contact Person)
(Firm/Company)
1206 Sis Balmoial Trace (Address)
Stuart, TL 34997 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (57el) 262-3934  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FILED 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: The document number of the corporation (if known): P1100000266 SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: 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 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)

(Title of person signing)

(Typed or printed name 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: Glow Cosmetics 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:	
Name, address, phone number, claim sperifics	•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Carrie Steinelfson	
1206 Sw Balmoral Trace	
Stuart, FL 34997	
	:d
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.	

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