## P11000/02977

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<u></u>
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

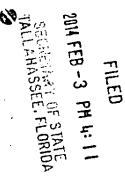




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## **COVER LETTER**

Division of Corporations		
SUBJECT: 1 150 UTION CONPORATION		
DOCUMENT NUMBER: <u>P11000102977</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
HITAXINUESTMENT CORP (Name of Contact Person)		
TSis Tsabol (Firm/Company)		
1860 N Pino Island Rd Suite 109 (Address)		
_		
Plantanon FL 33322 (City/State and Zip Code)		
For further information concerning this matter, please call:		
TSIS TECHNOL 21 (954) 600-5801		
(Name of Contact Person) at (954) 600-5801 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section		
Division of Corporations  Amendment Section  Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

Pursuant to : of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation (विशेषक के प्रमाण का कार्याक का कार्याक का
FIRST:	SECRETARY OF STATE TALLAHASSEE. FLORIDA The name of the corporation as currently filed with the Florida Department of State:
	_ HairFashionExperts, Inc.
SECOND:	The document number of the corporation (if known): P11000102977
THIRD:	The date dissolution was authorized: 12-31-2013
	Effective date of dissolution if applicable: 12-31-2013 (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 dissolutio 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)
	Signaturat
	(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)
	Mar Hone
	(Typed or printed name of person signing)
	(Title of Forman 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: Hair Fashion Experts, IInc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Closed business  NOT MORE business
NOT MORE business
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
nono businesa
closed business
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.
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