

07/23/2032 04 46

P12000008162

#1806 P.001/002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000213925 3)))



H140002139253ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL
CAMILA'S SALON, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Dissolution

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 12 2014

T. CARTER

RECEIVED

14 SEP 11 AM 3:50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 SEP 11 PM 2:29

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000213925

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:

CAMILA'S SALON, INC.

SECOND: The document number of the corporation (if known):

P120000008102

THIRD: The date dissolution was authorized:

9-11-14

Effective date of dissolution if applicable:

(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)

Ramon Hernandez

(Typed or printed name of person signing)

VP

(Title of person signing)

Filing Fee: \$35

H14000213925

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 11 PM 2:29