P12000057613

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution		
DOCUMENT NUMBER: P 12000	0057613	
The enclosed Articles of Dissolution and f	ee are submitted for filing	g.
Please return all correspondence concerning	g this matter to the follow	ving:
Caroline Crot		
(Name of	Contact Person)	
Fashion Works		
(rin	n/Company)	
11970 SW 51 count		
`	ddress)	
Cooper city	te and Zip Code)	330
(City/Sta	ite and Zip Code)	
For further information concerning this ma	tter, please call:	
(Name of Contact Person)	at (954)	732-2664 Daytime Telephone Number)
,	•	Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		ET ADDRESS:
Amendment Section Division of Corporations		idment Section ion of Corporations
P.O. Box 6327	Clifto	on 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:
	Fashion works Group Inc
SECOND:	The document number of the corporation (if known): \\ \P\\2000576\\
THIRD:	The date dissolution was authorized: Dec 12 2013
	Effective date of dissolution if applicable: Occ 13 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 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
	Coroline Crotecon EFF P 17
	(voting group) FISTALE ORDER
	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)
	(Typed or printed name of person signing)
	(Title of person signing)
	(

Filing Fee: \$35

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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: Fashion works group 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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