P13000046447

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	dress)		
(Cir	ty/State/Zip/Phone	, #)	
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SECRETARY OF STATE IALLATIVSSEE, FLORIDA

Dissolution

'APR 2 9 2014 T. CARTER

COVER LETTER

Division of Corporations						
SUBJECT: SLEEP EZZZ CHINSTRAP INC DOCUMENT NUMBER: P13000046447						
						The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICK CASTRONOVO
(Name of Conta	act Person)					
(Firm/Company)						
4050 NW 42ND AVE 305						
(Addres	s)					
LAUDERDALE LAKES FL 33319						
(City/State and	i Zip Code)					
For further information concerning this matter, p	lease call:					
PATRICK CASTRONOVO	_{at (} 754 ₎ 2462109					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:						
Certificate of Status Ce (Ac	#3.75 Filing Fee & \$\superstacksquare \text{\$\superstacksquare}\$\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 SLEEP EZZZ CHINSTRAP INC	f State:			
SECOND:	The document number of the corporation (if known): P13000046447				
ΓHIRD:	The date dissolution was authorized: 04/08/2014				
	Effective date of dissolution <u>if applicable:</u> (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 was sufficient for approval.	for dissol	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:	ntitled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)	14 AFR 21	NLLA:		
9	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)	21 PH12:47	TARY OF STATE		
	PATRICK CASTRONOVO				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35