## P13000073743

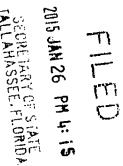
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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01/26/15--01029--014 \*\*35.00



AM 155 10,28,15

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Closing of Milvaina Hair Designs Cor
DOCUMENT NUMBER: \$\int 130000 73743
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NIVANIA A. MALAGON (Name of Contact Person)
NILVANIA HAIR DESIGNS (Firm/Company)
(Firm/Company)
2340-TWILIGHTDR. (Address)
(Address)
ORIAN do, F1. 32825 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
NIIVANIA A. MALAGON at (407-) 579-712-3 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)\$\$\$\$ Certified Copy (Additional copy is enclosed)\$\$\$\$\$\$ (Additional copy is enclosed)\$\$\$\$\$
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section
Division of Corporations  Amendment Section  Division of Corporations  Division of Corporations
P.O. Box 6327 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 State:
	NILVANIA HAIR DESIGNS
SECOND:	The document number of the corporation (if known): $2130000737413$
THIRD:	The date dissolution was authorized: /-2/-/5
	Effective date of dissolution if applicable: /- 2/-/5  (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)  Figure 26  Figure
S	Signature: Advance A 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)
	MILVANIA A MALAGON
	(Typed or printed name of person signing)
	/resident
	(Title of person signing)

Filing Fee: \$35