P13000100526

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	-
Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Hair Beaut	y Plus, Inc
DOCUMENT NUMBER: P13000100526	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Yolanda Lopez	
(Name of Contact Person))
(Firm/Company)	
2631 Washington St	
(Address)	
Hollywood, FL 33020	
(City/State and Zip Code	e)
For further information concerning this matter, please call:	
Yolanda Lopez at (954	1 889-4432
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Certified Cop (Additional cenclosed)	• •
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 HAIR BEAUTY PLUS INC	: :
SECOND:	The document number of the corporation (if known): P13000100526	
THIRD:	The file date of the articles of incorporation: 12/19/2013	_
FOURTH:	(CHECK AT LEAST ONE BOX)	15 HAR
	None of the corporation's shares have been issued.	-2
	☐ The corporation has not commenced business.	44 IC. 0
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	☐ A majority of the directors authorized the dissolution.	
Sigr	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	_ or - if
	Maritza Yolanda Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of Person Signing)	

Filing Fee: \$35