PIS DOODHS 788

| uestor's Name) | | |
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| /State/Zip/Phone | e #) | |
| ☐ WAIT | MAIL | |
| iness Entity Nar | me) | |
| ument Number) | ····· | |
| Certificates | s of Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: DISSOLUTION TAM NAILS INCORPORATED | , |
| DOCUMENT NUMBER: P15000045788 | |
| The enclosed Articles of Dissolution and fee are submitted for | or filing. |
| Please return all correspondence concerning this matter to the | e following: |
| ANGELA LY | |
| (Name of Contact Person) | ne out to be the second of the |
| (Firm/Company) | ·· 1 |
| 9044 SW 1ST DR 30 - 1 (Address) | The second of the first second of the second |
| BOCA RATON, FLORIDA 33428 | The same of the total and the same of the |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| | 563 3355 |
| (Name of Contact Person) (Area C | Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy enclosed) | Certificate of Status & |
| 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, F1, 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: TAM NAILS INCORPORATED | | | |
|---------|--|--|--|--|
| SECOND: | The document number of the corporation (if known): | | | |
| THIRD: | The date dissolution was authorized: | | | |
| | Effective date of dissolution <u>if applicable:</u> | | | |
| | (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | | | |
| 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 | | | |
| | The number of votes cast for dissolution was sufficient for approval by | | | |
| | (voting group) | | | |
| | Signature: (By a director, president or 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) | | | |
| | ANGELA LY | | | |
| | (Typed or printed name of person signing) | | | |
| | PRESIDENT | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35

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.

| TAM NAILS INCORPORATED | |
|---|---------|
| anie of Corporation: | ··· |
| rate of dissolution will be the date the dissolution is filed with the Department of State or as secified in the Articles of Dissolution. | |
| escription of information that must be included in a claim: | |
| HE TAM NAILS INCORPORATED MUST BE CLOSED BECAUSE THE BUSINESS IS INACTIVE. | |
| | |
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| | |
| lailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | |
| NGELA LY | |
| 044 SW 1ST DR, BOCA RATON. FL 33428 | |
| | |
| | |
| claim against the above named corporation will be barred unless a proceeding to enforce the claim is comme ithin 4 years after the filing of this notice. | nce |
| $\bigcap \mathcal{D}$. | |
| ANGELA LY CHE | |
| Printed Name of the Person Ulino Signature of the Person Filing | |