

**FILED  
Sep 15, 2024  
Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SPARKLE N SHINE MOBILE DETAIL INC

SECOND: The document number of the corporation: P15000078019

THIRD: The file date of the articles of incorporation: September 21, 2015

**FOURTH:** None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

**SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SHAWN KOSIER OWNER

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## 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.

Name of Corporation:

SPARKLE N SHINE MOBILE DETAIL 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:

I DON'T THINK I WAS SUPPOSE TO BE A CORPORATION. I WAS TOLD BY A COMPANY I DID BUSINESS WITH I NEEDED TO BE. I WILL BE FILING FOR A SOLE OR LLC

Mailing address where claims can be sent:

8220 WHITETOWER RD  
HASTINGS, FL 32145 UN

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SHAWN KOSIER

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Electronic Signature of the Person Filing