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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: V'S BARBERS INC Diss	solution	
DOCUMENT NUMBER: P160000	053330	
The enclosed Articles of Dissolution	on and fee are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
VITALY BABABEKOV		
(N:	ame of Contact Person)	
V'S BARBERS INC.		
	(Firm/Company)	
27602 STONECREEK WAY		
	(Address)	
WESLEY CHAPEL, FL 33544		
((Sity/State and Zip Code)	
For further information concerning t	this matter, please call:	
VITALY BABABEKOV	at ((347) 497-0111	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following	g amount:	
■ \$35 Filing Fee □ \$43.75 Filing Certificate of S		
Mailing Address: Amendment Section	Street Address: Amendment Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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: V'S BARBERS INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 3/31/2021
	(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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. SECRETARY OF STATES AND SECRETARY OF STATES AND SECRETARY OF STATES.
S	Signature: (By a director, fresident 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)
-	Vitaly BABABE KOV (Typed or printed name of person signing)
	VITALY BABABEKOV
•	(Title of person signing)

Filing Fee: \$35