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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: Dissolution of Business	
DOCUMENT NUMBER: P16000085072	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Rhonda Carter	
(Name o	f Contact Person)
Immaculate Cleaning Hands	
(Fi	rm/Company)
907 oleander ave	
(,	Address)
Holly Hill fl 32117	
(City/St	tate and Zip Code)
For further information concerning this m	atter, please call:
Rhonda Carter	at ( <u></u>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 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:  Immaculate Cleaning Hands, Inc.	
SECOND:	, , , , , , , , , , , , , , , , , , , ,	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: 10/10/20/8  (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:	not be listed as the document's effective date on the Department of State's records.  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	
	Rhonda carter and Ashely Kelly	
	(voting group)	
	Signature: Calla Calla  (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)	
	Rhonda Carter	
	(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 require	red when filing a voluntary dissolution.
Name of Corporation: Immaculate Clening Hands	
Date of dissolution will be the date the dissolution is filed with the Especified in the Articles of Dissolution.	Department of State or as
Description of information that must be included in a claim:	
Due to my partner Ashely Kelly having health issues and still currently wo	orking full time employment through post office.
and having little involvement with the company, and rhonda starting busine	ness on her own it would be best for us to part way
and Dissolve at this time.	
<del></del>	
Mailing address where claims can be sent: (Claims cannot be sent to	o the Division of Corporations)
AMENDMENT SECTION	
Division of Corporation	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	a proceeding to enforce the claim is commence
Rhonda Carter	Rhorda Canto
Printed Name of the Person Filing	Signature of the Person Filing