

017 0000025-97

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000176536 3)))



H230001765363AB03

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAY 11 AM 8:20

FILED

**DISSOLUTION OR WITHDRAWAL
MENINAS NAILS AND SPA CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 MAY 11 PM 3:49

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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:

Meninas Nails and Spa Corp.

SECOND: The document number of the corporation (if known): R17000002597

THIRD: The date dissolution was authorized: 5-11-2023

Effective date of dissolution if applicable: 5-11-2023
(no more than 90 days after dissolution file date)

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

(voting group)

Signature: _____

(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)

Roxana Fernandez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
2023 MAY 11 AM 8:28
STATE OF FLORIDA
TALLAHASSEE, FL