PIOOOSABB

(Re	questor's Name)	
(Äd	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	_	

Office Use Only

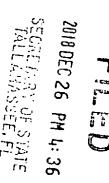


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R. WETT



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LK NAILS SPA INCORPORA	ATED		
DOCUMENT NUMBER: P17000054	1833		
The enclosed Articles of Dissolution a	nd fee are submitted for filir	ng.	
Please return all correspondence conce	rning this matter to the follo	wing:	
LARRY KIET VO			
(Name	e of Contact Person)		
LK NAILS SPA INCORPORATED			
	(Firm/Company)		
21175 BISCAYNE BLVD			
	(Address)		
AVENTURA, FL 33180			
(City	/State and Zip Code)		
For further information concerning this	matter, please call:		
LARRY KIET VO	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following a	mount:		
■ \$35 Filing Fee	•	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	<u>STR</u>	STREET ADDRESS:	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: LK NAILS SPA INCORPORATED		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (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		
	02		
	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)		
	LARRY KIET VO		
	(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.

Name of Corporation:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
THE LK NAILS SPA INCORPORATED MUST BE CLOSED BECAUSE IT IS INACTIVE SINCE 12/22/2018
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
LARRY KIET VO
4150 DAVIE RD EXT, APT#3170
HOLLYWOOD,FL 33024
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
LARRY K. VO
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00