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.

(((H19000134686 3)))



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

Ta:

Division of Corporations

Fax Number

3052201440

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

DISSOLUTION OR WITHDRAWAL HEAVENLY AESTHETIC CENTER, INC.

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

Electronic Filing Menu

Corporate Filing Menu

T LEMBEUX E.SE 2 847

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	HEAVENLY AESTHETIE CENTER, IN		
SECOND:	The document number of the corporation (if known): PIPOOOO84179		
THIRD:	The date dissolution was authorized: 4-22-19		
	Effective date of dissolution if applicable:		
FOURTH:	(no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the sharcholders. 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 incusporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	OTANY TEJERA 8		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35