(Re	questor's Name)	<u> </u>	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	; #)	
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Diss W/ Notice

JUL 2 0 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: BER Commettics, Inc. DOCUMENT NUMBER: P93 0000 36024 The enclosed Articles of Dissolution and fee are submitted for filing.					
					Please return all correspondence concerning this matter to the following:
					Gurpartap Gadh (Name of Contact Person)
(Firm/Company)					
3855 Windmill Lakes Rd (Address)					
(Address)					
Weston. Florida 33332. (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Gurpartap Gadh at (954) 389-5677 (Name of Conlact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS: STREET ADDRESS:					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 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 S	tate:			
	BÉR Cosmetics, Inc.				
SECOND:	The document number of the corporation (if known): P93 0000 36024				
THIRD:	The date dissolution was authorized: $\frac{6/30/12}{}$				
	Effective date of dissolution if applicable: 6/30/12. (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 was sufficient for approval.	· dissolı	ıtion		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entito vote separately on the plan to dissolve:	tled			
	The number of votes cast for dissolution was sufficient for approval by		2		
		12 JUL 19	SECRI		
	(voting group)	L 19	ETARY OF C		
		3	ORPO		
	1 Park	3: 26	RATIO		
	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		2. 3.		
	that fiduciary)				
	Gurpartap Gadh				
	(Typed or printed name of person signing)				
	(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. & R Cosmetics Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3855 windmill lokes Rd A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.