

P94000010063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

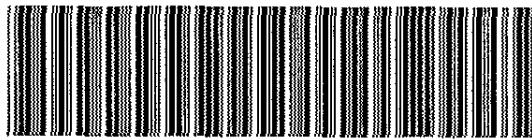
PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FROM: EXCLUSIVE NAILS & SKIN CARE.  
1342, S.E. 17. ST  
FORT. LAUD. FL, 33316

CARMITA WASHING  
(954) 290-0718.

TO WHOM MAY CONCERN.

PLEASE, I WILL LIKE TO CLOSED THIS  
CORPORATION.

I AM SENDING YOU THE FELLING FEES  
AND IF YOU NEED TO CONTACT ME  
PLEASE, CALL ME,  
I WILL APPRECIATED.

CARMITA WASHING.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2006

EXCLUSIVE NAILS & SKIN CARE, INC.  
ATTN: CARMITA WASHING  
1342 SE 17 ST  
FT LAUDERDALE, FL 33316

SUBJECT: EXCLUSIVE NAILS & SKIN CARE, INC.  
Ref. Number: P94000010063

We have received your document for EXCLUSIVE NAILS & SKIN CARE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If your intention is to dissolve your corporation please complete the enclosed form and resubmit for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 006A00048478

RECEIVED

06 AUG 15 AM 8:00

FLORIDA DEPARTMENT OF CORPORATIONS



## 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:

EXCLUSIVE NAILS & SKIN CARE, INC.

SECOND: The document number of the corporation (if known): P 94000010063

THIRD: The date dissolution was authorized: 6-19-06

Effective date of dissolution if applicable:

(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)

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FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*FILED*

Signature: Carmita Washington

(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)

CARMITA WASHING

(Typed or printed name of person signing)

DIRECTOR - TREASURY

(Title of person signing)

Filing Fee: \$35