City/State/Z	3 -	e#	Office Use Only
1. (Corpor	ration Name)	(Docur	ment #)
2	ration Name)	(Do our	nent #)
· ·	ration Name)	(Docm	nent #)
3(Corpor	ration Name)	(Docur	nent #)
4(Corno	ration Name)	(Docur	ment #)
(corpor	audi Namo)	(Docum	neit #)
☐ Walk in ☐	Pick up time		Certified Copy
☐ Mail out ☐	Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDM	ENTS	
Profit	Amendment	angun sharanda angun ang mangung pagana bi Pari Pana	THE STATE OF THE S
NonProfit	Resignation of	R.A., Officer/ Director	7000023068573
Limited Liability	Change of Reg	istered Agent	******35.00 *****35.00
Domestication	Dissolution/W	thdrawal / 0 - 1 -	77
Other	Merger		
OTHER FILINGS Annual Report	REGIST QUALIF	RATION/	
Fictitious Name	Foreign		
Name Reservation	Limited Partner	rship	
	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

The state of the s

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 is: HAIRMASTERS SALON, INC.		
SECOND:	The date dissolution was authorized: 7 31 97		
THIRD:	Adoption of Dissolution (CHECK ONE)		
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.		
☐ Diss	olution was approved by vote of the shareholders through voting groups.		
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:		
The	number of votes cast for dissolution was sufficient for approval by		
	CHRISTINE RAISTRICK (ONLY SHAREHOLDER).		
Signe	d this 20th day of SEPTEMBER, 1997		
Signature Rais Wick (By the Chairman or Vice Chairman of the Board, President, or other officer)			
	CHRISTINE RAISTRICK (Typed or printed name)		
	PRESIDENT		
	(Title)		