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(Re	questor's Name)			
(Address)				
(Ad	dress)	<u></u>		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)  Certificates			
Special Instructions to Filing Officer:				

Office Use Only



300222420173

02/23/12--01012--027 \*\*52.50

ENLECTIVE DATE

2012 FEB 23 PM 4: 28
SECKETARY OF STATE TALLAHASSEE. FLORIO.

July 24 12

## **COVER LETTER**

Division of Corporations						
SUBJECT: Dissolution of Designs By Toffangeline						
DOCUMENT NUMBER:						
The enclosed Articles of Dissolution and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Robert Helft						
(Name of Contact Person)						
(Firm/Company) 5353 Ascot Bend						
Boca Ration + 1 33496						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (56) 303/1/3 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)						
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

3-1-12

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:				
	Designs By Toffany Mas				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: $2-1-12$				
	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)				
	a ha nhame				
Signature: Makket Hulft					
	(By a director, president or other officer of 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)				
	Robert HelFt				
	(Typed or printed name of person signing)				
	Vile Mes				
	(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:	Designs By T	Many Can	_
Date of dissolution will be specified in the Articles of	the date the dissolution is filed very following the date the dissolution is filed very following the dissolution.	vith the Department of State or as	
Description of information	n that must be included in a claim	:	
	·		
		·	
Mailing address where cla	ims can be sent: (Claims cannot b Wallet Aleff	e sent to the Division of Corporations	)
	5353 aprot	Benol	•
	Boca Rata 4	L 33496	· -
A claim against the above within 4 years after the fili	named corporation will be barred ng of this notice.	unless a proceeding to enforce the cla	im is commenced
R066	est Helft	Robert the	ell-
Printed Na	ame of the Person Filing	Signature of the Person F	ling

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