

P95000065465

(Requestor's Name)

Don's Mobile Haircare  
3017 Blaine Circle  
Deltona Fla 32738

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Terrie Hoepfner GAVE

AUTHORITY

PHONE TO

COMMENTS

Corporate Name / Address  
title

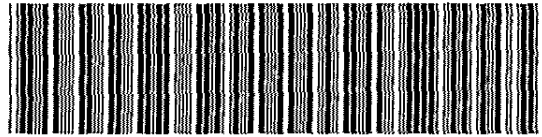
DATE

6/9/04

DOB. EXAM.

Donnell

Office Use Only



600030866206

03/22/04--01056--005 \*\*35.00

04 JUN - 7 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Volume  
Diss.  
06/07/04  
DC

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dovie's Mobile Haircare, Inc.

DOCUMENT NUMBER: P95000065465

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dovie L. Ross  
(Name of Person)

Dovie's Mobile Haircare, Inc.  
(Name of Firm/Company)

3017 Blaine Circle  
(Address)

Deltona, FL 32738  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Terrie Hoepfner at (770) 973-8290  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\* ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

\* Already Submitted

MAILING ADDRESS:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 25, 2004

DOVIE'S MOBILE HAIRCARE INC.  
3017 BLAINE CIRCLE  
DELTONA, FL 32728

SUBJECT: DOVIE'S MOBILE HAIRCARE INC.  
Ref. Number: P95000065465

We have received your document for DOVIE'S MOBILE HAIRCARE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 404A00019803

RECEIVED  
04 JUN -7 AM 8:01  
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Dovie's Mobile Haircare Inc.

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

P9500006545

THIRD: The file date of the articles of incorporation was:

8-23-95

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this

3rd

day of

June

2004

Signature:

Dovie L. Ross

(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.)

Dovie L. Ross

(Typed or printed name of person signing)

Owner / PRES.

(Title of person signing)

FILED  
04 JUN -7 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35