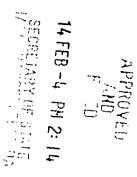
P96000044304

Office Use Only



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C. LEWIS
FEB 10 20114
EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations		•		
SUBJECT: DISOLUTION O	F EXPERT T	OUCH INC		
DOCUMENT NUMBER: P96000	044304			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SUSIE D'LEON				
(Name of	Contact Person)			
D'LEON INC				
(Firm/Company)				
4201 N FEDERAL HWY SUITE E				
(A	Address)			
POMPANO BEACH, FI	_ 33064			
(City/Sta	ate and Zip Code)			
For further information concerning this ma	atter, please call:			
SUSIE D'LEON	at (954	652-9475		
(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed is a check for the following amou	unt:			
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	& □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Di Cli	REET ADDRESS: nendment Section vision of Corporations offton Building 61 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 EXPERT TOUCH INC	of State:		
SECOND:	The document number of the corporation (if known): P96000044304			
THIRD:	The date dissolution was authorized: DECEMBER 23RD, 20	13		
	Effective date of dissolution <u>if applicable</u> : DECEMBER 24TH, (no more than 90 days after dissolution			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolu	ution	
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled		
	The number of votes cast for dissolution was sufficient for approval by	SE	14	
	1	77 77 75	FEB -	
	(voting group)	JUNES JOAN	-4 PH 2: 14	
!	Signature: Mullis Mullis (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)			
	MIGDALIA MEDINA			
•	(Typed or printed name of person signing)			
	DIRECTOR/OWNER			
	(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: EXPERT TOUCH INC	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
· · · · · · · · · · · · · · · · · · ·	
	- FEB -
•	PR PR
Mailine address de la constant de la	2: 14 SAL
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	200 T
9131 NW 145 LN MIAMI, FL 33018	
·	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.	is commenced
•	
MIGDALIA MEDINA Mangdalia m	edino
Printed Name of the Person Filing Signature of the Person Filin	g

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