

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000177266 3)))



H060001772863ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Fax Number : (850)617-6380 LAZARUS CORPORATE FILING SERVICE, INC. Account Name Account Number: 120000000019 (305) 552-5973 (305) 220-1440 Fax Number

DISSOLUTION OR WITHDRAWAL

SKIN CARE CENTER BY IVIS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

7/21/2008 12:54 PM

Jul. 21 2008 01:19PM P2

H08000177266

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	f State:
•	SKIN CARE CENTER BY IVIS, INC.	
SECOND;	The document number of the corporation (if known):	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
THIRD:	The date dissolution was suthonized: P96000082622	<u>2</u> R_
	Effective date of dissolution if applicable: 7/21/2008	55.30
	(no more than 90 days after dissolution	ille date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	S V
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	•
	(voting group)	
	Signature: A Likards	
	(By a director, president of other ordiner - if directors or officers have not been selected, by an incorporator - if in the hands of a moniver, trustee, or other court appointed fiduciary, by that fiduciary)	
• . •	IVIS PICHARDO	
,	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35

H08000177266