

P97000059671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

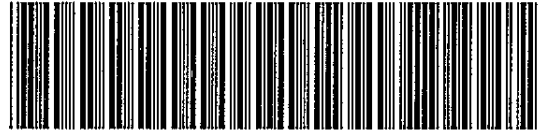
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Certified Copies _____

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Theris*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 21 AM 8:13

FILED

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ALSO ADMITTED IN NORTH CAROLINA

February 16, 2006

Florida Secretary of State
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Aroma Magic, Inc.

Dear Sir or Madam:

Enclosed herein please find the following documents in connection with the above-referenced corporation:

1. Cover Letter;
2. Articles of Dissolution; and
3. Notice of Corporate Dissolution.

Also enclosed is our check made payable to the Florida Secretary of State in the amount of \$35.00 to cover the filing fees for the above-referenced documents. Please return one copy of the Articles of Dissolution to us in the enclosed self-addressed, stamped envelope.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,



Mark E. Tomaszek

MET:lrw
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION - AROMA MAGIC, INC.

DOCUMENT NUMBER: P97000059671

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

Please return all correspondence concerning this matter to the following:

BARBARA ENTEEN
(Name of Contact Person)

AROMA MAGIC, INC.
(Firm/Company)

58 RIVER BIRCH WAY
(Address)

GREGG, S.C. 29650
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA ENTEEN at (864) 877-8450
(Name of Contact 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)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 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:

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06 FEB 21 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AROMA MAGIC, INC.

SECOND: The document number of the corporation (if known): P97000059671

THIRD: The date dissolution was authorized: 12/31/05

Effective date of dissolution if applicable: UPON FILING
(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 of 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)

Signature: _____

(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)

BARBARA ENTEEN

(Typed or printed name of person signing)

PRESIDENT

(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: AROMA MAGIC, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

1. NAME, ADDRESS, AND TELEPHONE NUMBER OF CLAIMANT
2. NATURE OF CLAIM
3. DATE OF SERVICES RENDERED OR GOODS SHIPPED
4. INVOICE FORMING BASIS OF CLAIM
5. CONTACT INFORMATION FOR CLAIMANT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

AROMA MAGIC, INC.
C/O BARBARA ENTEEN
58 RIVER BIRCH WAY
GREER, SC 29650

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AROMA MAGIC, INC.
BY: BARBARA ENTEEN, PRESIDENT
Printed Name of the Person Filing

AROMA MAGIC, INC.
BY: [Signature]
Signature of the Person Filing
BARBARA ENTEEN
PRESIDENT

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