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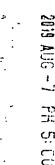
()	Requestor's Name)		
(/	Address)		
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(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(1	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions	to Filing Officer:		
	<u> </u>		

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AUG 15 2019 M. SOLOMON

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
CHRI	VILLA BROTHERS CORP			
SODJ		of corporation	- must include suffix	-
			Wallet Marine	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	e of Good Stan	ding" and check are su	act Business in Florida," bmitted to register the
Please KARII	return all correspondence concern NA BURBANO	ing this matter	to the following:	
		Name of	Person	
		Firm/Com		
231 N	JOHN YOUNG PWKY	i init com	pany	
KISSI	MMEE, FL 34741	Addro	SS	
FINAN	VZAS@SERNAIN.COM	City/State a	nd Zip code	
	E-mail address	s: (to be used f	or future annual report	notification)
For fur	rther information concerning this n	natter, please c	all:	
KARIN	NA BURBANO	407	556-5651	
	Name of Person	Area Code	Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	0.00 Filing Fee	g Fee & □	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	com on one	
Villa Brothers C	orp.		
(If name unavaila	ble in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business	s in Florida)
New York	2	0-2601723	
(State or countr March 23, 2005	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date July 18, 2019	of incorporation) 5	(Date of duration, if other than perpe	ctual)
1004 Płaza Dr. Si	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) hite 104. Kissimmee FL 34743	2, F.S., to determine penalty liability)	
	(Principal	office address)	4
			· •
	(Current mailing	address, if different)	
Name and stree	. 11 (27)	Box NOT acceptable)	
	t address of Florida registered agent: (P.O.		
Name:	Luis A Villacreses		
Name: ffice Address:	Luis A Villacreses	 , Florida	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS Luis A. Villacreses		
	1004 Plaza Dr. Suite 104, Kissimmee FL 34743		
Address:	TOTA Plaza Dr. Suite 104, Kissiminee PL 34743		
- Vice Chair	rman:		
_			·
Director:			
Address:			
Director:			· -
Address:			
B. OFFI	ICERS	·	
President:	Luis A. Villacreses	4	
Address:	1004 Plaza Dr. Suite 104, Kissimme FL 34743	• ;	2019 /
		 	#UG -
Vice Presi	Luis A. Villacreses	· ·	
Address:	1004 Plaza Dr. Suite 104, Kissimme FL 34743		3:
			5: ບົບ
Secretary:	Luis A. Villacreses		<u> </u>
Address:	1004 Plaza Dr. Suite 104, Kissimme FL 34743		
Treasurer:	Luis A. Villacreses		
Address:	1004 Plaza Dr. Suite 104. Kissimme FL 34743		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.	
12	Magana		
are true a	Signature of Director or Officer remaining this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.		
	A. Villacreses		

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VILLA BROTHERS CORP. was filed on 03/23/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of July

Bradan C Hylan

two thousand and nineteen.

Brendan C. Hughes Deputy Secretary of State

201907100115 * HW

AH: MEL

FILED Jul 30, 2019 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

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

VILLA BROTHERS CORP.

SECOND:

The document number of the corporation: P19000046264

THIRD:

The file date of the articles of incorporation: May 29, 2019

FOURTH:

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:

A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LUIS A VILLACRESES

PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

>

Good Afternoon!
Please he aware that we have no intention of revoking this dissolution, occause corporation was filled as "new corporation" by mistake.
The name VILLA DEOTHERS COPP can be released anytime.

Thank you!

Cs 15 2019