6-93330

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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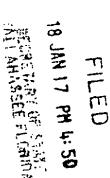


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COVER LETTER

TO: Amendment Section Division of Corporati	ons
·	ETULA TRAVEL SERVICE, INC
DOCUMENT NUMBER:	
The enclosed Articles of Dissolu	ation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
DAVID J. VETULA	
	(Name of Contact Person)
VETULA TRAVEL SERVICE, INC	
·	(Firm/Company)
255 LANTANA DRIVE	
	(Address)
LOCUST GROVE, GA 30248	
	(City/State and Zip Code)
For further information concerni	ng this matter, please call:
DAVID VETULA	at (678) 583-6769
(Name of Contact Per	
Enclosed is a check for the follow	wing amount:
■ \$35 Filing Fee □ \$43.75 Fili Certificate o	
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: VETULA TRAVEL SERVICE, INC.	
SECOND:	The document number of the corporation (if known): G93330	_
THIRD:	The date dissolution was authorized: DECEMBER 31, 2017	_
	Effective date of dissolution if applicable: DECEMBER 31, 2017	
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	will
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	on
	☐ Dissolution was approved by 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 east for dissolution was sufficient for approval by	
		Ŧ
	(voting group)	LED.
:	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)	
	DAVID J. VETULA	
	(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. VETULA TRAVEL SERVICE, INC. Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 255 LANTANA DRIVE, LOCUST GROVE GA 30248 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. DAVID J. VETULA Printed Name of the Person Filing

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