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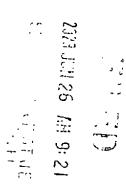
Office Use Only



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06/26/23--01815--011 **25.00



COVER LETTER

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Dolle Vita Enter prises, LLC
2.	The Articles of Organization were filed on $10/10/9019$ and assigned
	document number 119000260090
3.	The delayed effective date the dissolution if not effective on the date of filing: 6000000000000000000000000000000000000
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).
	Business Closed.
_	If there are no members, enter the name and address of the person appointed to wind up the company's
Э.	activities and affairs:
	1550 Dittmer Cir SE
	Pam Bay, Fl 32909
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	achini A. Barry CATHERINE A. BARNEY
\subset	Signature Printed Name

FILING FEE: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L19000260090 FILED 8:00 AM October 16, 2019 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: DOLCE VITA ENTERPRISES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2104 SARNO RD MELBOURNE, FL. US 32935

The mailing address of the Limited Liability Company is:

2104 SARNO RD MELBOURNE, FL. US 32935

Article III

The name and Florida street address of the registered agent is:

REGISTERED AGENTS INC. 7901 4TH ST N STE 300 ST PETERSBURG, FL. 33702

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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 Signature: BILL HAVRE



Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR CATHERINE BARNEY 2104 SARNO RD MELBOURNE, FL. 32935 US L19000260090 FILED 8:00 AM October 16, 2019 Sec. Of State jafason

Signature of member or an authorized representative

Electronic Signature: CATHERINE BARNEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.