

P02000031797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

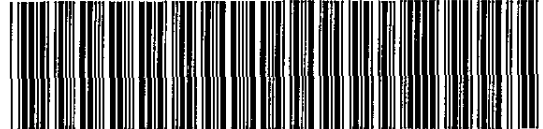
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/03--01016--020 **35.00

RECEIVED
03 MAY 12 AM 10:14
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2003 MAY 12 PM 12:10
TALLAHASSEE, FLORIDA

C. Coulliette MAY 12 2003

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. VitaForte Associates, Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF DISSOLUTION
OF
VITAFORTE ASSOCIATES, CORP.

FILED
2003 MAY 12 PM 12:10
TALLAHASSEE, FLORIDA

'BEFORE ME, the undersigned authority, this day personally appeared Arelis Sosa, first by me being duly sworn deposes and says:

1. That affiants are the President / Vice-president / Secretary / Treasurer / Director and shareholders of Vitaforte Associates, Corp. who have on the date filed the dissolution of the company.
2. That the adoption of dissolution was approved by the shareholders.
3. The date of the dissolution of the company shall be effective on the date filed in the Office of the Secretary of State, Division of Corporations, State of Florida. This is adopted the 9th day of May 2003.
4. The number of votes cast for the dissolution of the corporation was sufficient for approval.



Arelis Sosa, President