

PO2000126719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

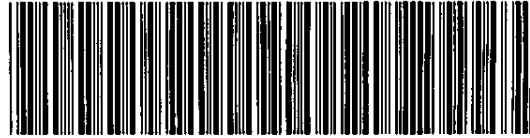
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/04/15--01018--013 \*\*85.00

SEP 10 2015

C. CARROTHERS

FILED  
2015 SEP -4 AM 9:22  
SECRETARY OF STATE  
ALABAMA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

Notarized  
Notary Public  
STATE OF FLORIDA

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** P02000126719

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

Please return all correspondence concerning this matter to the following:

ALFONSO IRWIN  
(Name of Contact Person)

VIB INTERNATIONAL CORP.  
(Firm/Company)

822 BRIAR RIDGE RD  
(Address)

WESTON, FL 33327  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA GONZALEZ at (954) 4953811  
(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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2008 SEP 14 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

VIB INTERNATIONAL CORP.

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

P02000126719

THIRD: The date dissolution was authorized:

2008

Effective date of dissolution if applicable:

(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 will not be listed as the document's effective date on the Department of State's records.

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 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)

ARONSO JERWIN

(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: VIB INTERNATIONAL CORP.

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:

THIS CORPORATION WAS CLOSED DUE TO BE  
OUT OF BUSINESS. LOSS OF INCOME  
WE DIDN'T FILE ANNUAL REPORT FOR 2008.  
AND WAS DISSOLVED & I DIDN'T KNOW THAT  
I NEEDED A COPY OF THE DISSOLUTION FOR DEBT  
PURPOSES WITH SBA DISASTER RELIEF LOAN.

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

822 BRIAR RIDGE RD  
WESTON, FL 33327

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.

ADRIANA Gonzalez Printed Name of the Person Filing  
Adriana B Gonzalez Signature of the Person Filing