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•	(Requestor's Name)
	(Address)
•	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of	O Hedia Vista Publications, Inc
DOCUMENT NUMBER: 1 0 300	020 68 368
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Orlando	J Rosales
(Name of Contain Media Vista I	Toblications, Inc
SYOS Tay (Address	lor Road #10
Naoles =	F1 34109 Zip Code)
For further information concerning this matter, pl	lease call:
Ok lando Dosalos (Name of Contact Person) Enclosed is a check for the following amount:	at (239) 2549995 (Area Code & Daytime Telephone Number)
Certificate of Status Certificate Certificate Of Status Certificate Of Of Status Certificate Of	3.75 Filing Fee & S52.50 Filing Fee, rtified Copy Iditional copy is aclosed) 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

Tallahassee, FL 32314

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:
	Hedia Vista Publications Inc.
SECOND:	The document number of the corporation (if known): Po 3000 683 68
THIRD:	The date dissolution was authorized: 04/30/2010
	Effective date of dissolution if applicable: 06/30/2010 (no more than 90 days after dissolution file date)
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)
	ignature: (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)
_	ORlando J. Posales
	(Typed or printed name of person signing)
· -	(The 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. edia Vista Publications 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) 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. Signature of the Person Filing