P05000014149

(Re	equestor's Name)		
·. (Ad	ldress)		
(A d	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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SIMP (MA)

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: VISIONS REALTY, INC			
	···········		
DOCUMENT NUMBER: P05000074749			
The enclosed Articles of Dissolution and fee are submitted	d for filing.		
Please return all correspondence concerning this matter to	the following:		
CARL B. GIFFORD			
(Name of Contact Person))		
VISIONS REALTY, INC.			
(Firm/Company)			
534 N. LARRY CIRCL	.E		
(Address)			
BRANDON, FL 3351	1		
(City/State and Zip Code	e)		
For further information concerning this matter, please call:	:		
CARL B. GIFFORD at (813			
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & Certified Co (Additional cenclosed)	• •		
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 607.1401, 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:	
	VISIONS REALTY, INC.	
SECOND:	The document number of the corporation (if known): P05000074749	
THIRD:	The file date of the articles of incorporation: MAY 23, 2005	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	100
	The corporation has not commenced business.	77 130 0
FIFTH:	No debt of the corporation remains unpaid.	•
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: (By a director, president of other officer - it directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	if
	(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:_	VISIONS REALTY, INC	
Date of dissolution will specified in the Articles	be the date the dissolution is filed with the Department of State or as s of Dissolution.	
Description of informat	tion that must be included in a claim:	
PROOF OF	F CLAIM/ DEBT	
	,	

Mailing address where	claims can be sent: (Claims cannot be sent to the Division of Corporations)	
	534 N. LARRY CIRCLE	
	BRANDON, FL 33511	
A claim against the abo	ove named corporation will be barred unless a proceeding to enforce the claim is	s commence

FAMYR D. GIFFORD

within 4 years after the filing of this notice.

Printed Name of the Person Filing

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