

PO60000031776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

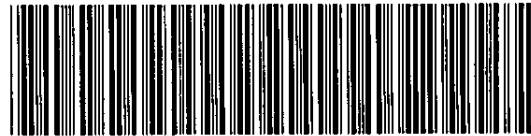
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258215586

2014 APR -2 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 APR -2 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2014

C. CARROTHERS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/2/2014

NAME: VISTA DESIGNS MIAMI, INC.

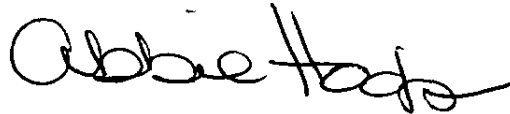
TYPE OF FILING: DISSOLUTION

COST: \$35

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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14 APR -2 AM 10: 09

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

VISTA DESIGNS MIAMI, INC.

SECOND: The document number of the corporation (if known): P06000031776

THIRD: The date dissolution was authorized: March 12, 2014

Effective date of dissolution if applicable: _____
(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)

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)

Eric Villansenor

(Typed or printed name of person signing)

Chief Financial Officer

(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: VISTA DESIGNS MIAMI, INC.

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:

all details relating to claim, including all supporting documentation

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

c/o Eric Villasenor

European Designs, Inc.

8626 Westpark Drive

Houston, Texas 77063

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.

Eric Villasenor

Printed Name of the Person Filing



Signature of the Person Filing

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

14 APR -2 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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