207000127844

(Requestor's Name)				
— (Ad	dress)			
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(Ad	(Address)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Bu	isiness Entity Nai	me)		
(Do	cument Number))		
Certified Copies	Certificate	s of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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04/19/10--01020--015 **35.00

Diss. W/Notice

APR 27 2010

Joseph Preite

16300 Golf Club Road, Apt. 703 Weston. FL 33326 Phone/Fax 954-237-6620

Florida Secretary of state

Box 6327

Tallahassee, FL 32314

April 15, 2010

Ref.: ARTE ITALIANA Inc.

Gentlemen

Enclosed please find copy of NOTICE OF INTENT TO DIISSOLVE together with Bank of America check in the amount of \$ 35. My check number 2564 was sent on March 27. Obviously you did not receive it. Should it arrive in the future just mark it void and destroy or return to me.

Thank/you for your cooperation and understanding

Jóséph Preite

President

ARTE ITALIANA Inc.

Joseph Preite

16300 Golf Club Road, Apt. 703 Weston. FL 33326 Phone/Fax 954-237-6620

Florida Secretary of state

Box 6327

Tallahassee, FL 32314

April 24, 2010

Ref.: ARTE ITALIANA Inc.

Gentlemen

Thank you for your letter of April 21, copy of which is enclosed together with the four pages properly completed.

Thank you for your cooperation and understanding

President 5

ARTE ITALIANA Inc.

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: ARTE ITALIANA, INC				
DOCUMENT NUMBER:				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JOSEPH PREITE (Name of Contact Person)				
(Name of Contact Person)				
(Firm/Company)				
16300 60LF LLUB RUKD (Address) Weston, FL. 33326				
(Address)				
Weston, FL. 33326				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (954) 237.6620 (Area Code & Daytime Telephone Number	r)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301



April 21, 2010

JOSEPH PREITE 16300 GOLF CLUB RD APT 703 WESTON, FL 33326

SUBJECT: ARTE ITALIANA, INC. Ref. Number: P07000127844

We have received your document for ARTE ITALIANA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 810A00009814

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:			
	ARTEITALIANA, INC.			
SECOND:	DATAKAIAA	844	<u></u>	
ГHIRD:	The date dissolution was authorized: April 15.7010			
	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 was sufficient for approval.	for diss	olution	
	Dissolution was approved by the shareholders through voting groups.	•		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	2010 APR		
	(voting group) ター	₹26		
	Signature: (By a director, president of 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)	AH 9: 34		
•	JOSEPH PREITE			
	(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:	ARTE ITMINA, IN	<i>U</i>
Date of dissolution will be to specified in the Articles of A	the date the dissolution is filed with the Depart Dissolution.	ment of State or as
Description of information	that must be included in a claim:	
There are	no claims by ruyon as	gains! Illis
Mailing address where clain	ms can be sent: (Claims cannot be sent to the D	Division of Corporations)
<i>\</i>	RTE ITALIADA INC	
<i>c</i> <i>c</i>	O JOSEPH PREISE	
16	300 bolf CLUB 12028	Svito 703
	UESTON, FL 33326	
A claim against the above n within 4 years after the filin	named corporation will be barred unless a process of this notice.	eeding to enforce the claim is commenced
1074	EPH PRELIE	Johnson

Printed Name of the Person Filing