(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Amendment Section **Division of Corporations** SUBJECT: IVA LA VIDA BOUTIQUE,INC DOCUMENT NUMBER: P08000069949 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **IVETA STASOVA** (Name of Contact Person) IVA LA VIDA BOUTIQUE,INC (Firm/Company) 10233 OASIS PALM DRIVE (Address) **TAMPA FL 33615** (City/State and Zip Code) For further information concerning this matter, please call: at (813) 270-9661

(Area Code & Daytime Telephone Number) IVETA STASOVA (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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:			
	IVA LA VIDA BOUTIQUE,INC			
SECOND:	The document number of the corporation (if known): P08000069949			
THIRD:	The date dissolution was authorized: 04/19/2010			
	Effective date of dissolution if applicable: 05/01/2010 (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)			
	5			
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary)			
	IVETA STASOVA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35