## :P08000088170

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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03/05/15--01013--014 \*\*35.00

SECRETARY OF STATE DIVISION OF GORPORATIONS

AHD155 03/9/15

## **COVER LETTER**

Division of Corporations			
SUBJECT: Tutti Cones Corp			
DOCUMENT NUMBER: P08000088170			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Gian Carlo Visciglia			
(Name of Contact Person)			
Tutti Cones Corp			
(Firm/Company)			
11402 NW 84 Ter			
(Address)			
Miami, FL 33178			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Katia Glauzer Visciglia at (305) 222-7482			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, 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

## 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:	
	Tutti Cones Corp		
SECOND:	The document number of the corporation (if known): P08000088170		
THIRD:	The date dissolution was authorized: 12/31/2014	<u> </u>	
	Effective date of dissolution if applicable: 12/31/2014  (no more than 90 days after dissolution fi	le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by		
	Gian Carlo Visciglia	SE SIVIO	
	(voting group)	SECRETARY JVISION OF CO.	
	Signature: X  (By a director president or other officer - if directors or officers have not been relected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	TOF STATE	
	Gian Carlo Visciglia		
	(Typed or printed name of person signing)		
	President/Owner		
	(Title of person signing)		

Filing Fee: \$35