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Division of Corporations

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: (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

DISSOLUTION OR WITHDRAWAL WINEHARVEST, INC

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December 17, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WINEHARVEST, INC 14375 MYERLARE CIRCLE CLEARWATER, PL 33760

SUBJECT: WINEHARVEST, INC

REF: P08000109214

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

NO PERIOD IN THE CORPORATE NAME.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II FAX Aud. #: B10000270389 Letter Number: B10A00029217

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P.O BOX 6327 - Tallahassee, Florida 32314

Sectional section concerns and

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: Wineharvest, Inc		1
SECOND:	The document number of the corporation (if known): P08000109214		
THIRD:	The date dissolution was authorized: 10/16/10		
	Bffective 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 east 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)	TO DEC 17	SECRETA
s .	ignature: (By a director, president or other officer- if directors or officers have not been selected, by an ingerporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	17 PM 3: 33	SSECTLORIES
<u> </u>	Robert DeCecco (Typed or printed name of person signing)		
F	President		
_	(Title of person signing)		

Filing Fee: \$35