## P100000005070

| (Re                     | questor's Name)    | <u></u>   |
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| PICK-UP                 | WAIT               | MAIL      |
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| (Bu                     | siness Entity Nam  | e)        |
|                         |                    |           |
| (Do                     | ocument Number)    | ·-        |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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APR 28 2016

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Corporation Dissolution  |  |
| DOCUMENT NUMBER: P10000025070   | ·  |
| The enclosed Articles of Dissolution and fee are submitted for f  | filing.  |
| Please return all correspondence concerning this matter to the fo   | llowing:   |
| Miguel Bauco (Name of Contact Person)   |  |
| Viasi Painting Inca (Firm/Company)  |  |
| 4626 lakeside Cer. (Address)  |  |
| (Address)  West-Palin Pench, FL. 33417  (City/State and Zip Code)   | <u> </u>   |
| For further information concerning this matter, please call:  |  |
| Havel Blouco at (561) (Name of Contact Person) (Area Coo  | 255 2648  de & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) | * \$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)          |
| Amendment Section A Division of Corporations E P.O. Box 6327  | TREET ADDRESS: Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle |

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2016

WIEUEL BLANCO 4626 LAKESIDE CIRCLE 4627 PALM BEACH, FL 33417

SUBJECT: VIASI PAINTING, INC. Ref. Number: P10000025070

Regulatory Specialist II

Cheryl R McMair

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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) 245-6838.

Letter Number: 616A00007596

gro.zidnus.www

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following

| articles of di | ssolution:   |
|----------------|--|
| FIRST:         | The name of the corporation as currently filed with the Florida Department of State:   |
|                | Viasi Pointing Inc.  |
| SECOND:        | The document number of the corporation (if known): Plocov25070   |
| THIRD:         | The file date of the articles of incorporation: $03/22/2010$   |
| FOURTH:        | (CHECK AT LEAST ONE BOX)   |
|                | None of the corporation's shares have been issued.   |
|                | ☐ The corporation has not commenced business.  |
| FIFTH:         | No debt of the corporation remains unpaid.   |
| SIXTH:         | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.   |
| SEVENTH:       | Adoption of Dissolution (CHECK ONE)  |
|                | Adoption of Dissolution (CHECK ONE)  A majority of the incorporators authorized the dissolution.   |
|                | A majority of the directors authorized the dissolution.  |
|                |  |
|                |  |
| Sign           | (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.) |
|                | (Typed or printed name of person signing)  |
|                | (Typed or printed name of person signing)  Preside (Title of Person Signing)   |

Filing Fee: \$35