P10000047572

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
SECRE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	prporations	
SUBJECT:	DISSOLUTION OF CORPORATION	
DOCUMENT NUMBI	ER: P100000 47572	
The enclosed Articles of	f Dissolution and fee are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	PAON PRINCIPATO	
	(Name of Contact Person)	
\	ITA BELLA PRODUCTIONS, INC	
* Mailing	(Firm/Company)	
* Mailing Adderss ->	125 COLONIAL STREET SE	
	(Address)	
	POET CHAP LOTTE, 7L. 3895254 5 (City/State and Zip Code)	
	(City/State and Zip Code)	-
For further information	concerning this matter, please call:	7
PAUL PR	11 29 - 1893 at (941) 764 - 1893 si	7
(Name of Co	ntact Person) (Area Code & Daytime Telephone Number	r)
Enclosed is a check for	the following amount:	
	3.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, rtificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADD	······································	
Amendment Sec		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 Sta	te:	
	UTTA Bella PRODUCTIONS			
SECOND:	The document number of the corporation (if known): PI 00000	175	72	
THIRD:	The date dissolution was authorized: $9/2/13$			
	Effective date of dissolution if applicable: 9/16/13 (no more than 90 days after dissolution)	on file di	ate)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for d	issolu	ıtion
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle	?d	
	The number of votes cast for dissolution was sufficient for approval by			
	SHAREHOLDER-BOARD OF DIRECTORS (voting group)	SECRETAI	13 SEP 25	<u></u>
	4	NY OF SI	5 PH 5:	ED
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by		20	
	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)			
	VICE 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.

Name of Corporation:	This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Description of information that must be included in a claim: Description of information that must be included in a claim: Description of information that must be included in a claim: Description of information that must be included in a claim: Description of information that must be included in a claim: Part	Name of Corporation: VITA FELLA PRODUCTION, INC
Them. Scaned Coutants, Proof of Deliver on Performance Reuson of Claim, three of Coupany Resonant Involver, three of Performance Fing Claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 27501 Theor Drive Punta Gorda, H. 33983 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	
Reuson of Claim, while of Corpady Personnel (Moluse, while of Person Filing Claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 27501 Pasto Deive Runta Gorda, 71 33983 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	Description of information that must be included in a claim:
Reuson of CLAIM, While of Corpady Personnel (Moluse), while of Person Filing Claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 27501 PASTO DEIVE RUNTA GORDA, 71 33983 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	PAPON SCAVED CONTRACTS, PLOOF OF DELIVERY ON PROFESSIONALE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 27501 PACTO DEIVE PUNTA GOLDA, 71. 33983 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	REILSON OF CLAIM, WHILE OF COMPANY PERSONNEL INVOLUTE, WHILE OF PENSON
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	The Committee of the Co
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	27501 PASTO DEIVE Zu =
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	QUINTA GORDA, ZL 33983 PARE SE T
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced	
within 4 years anci the thing of this notice.	
Printed Name of the Person Filing Printed Name of the Person Filing Signature of the Person Filing	Printed Name of the Person Filing Printed Name of the Person Filing Signature of the Person Filing