012000103552

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300338937903

01/13/20--01015--000 ++35.00

C. GOLDEN FEB 1 0 2020

COVER LETTER

TO: Amendment Section **Division of Corporations**

Division of Corporations

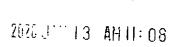
P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Disolution of Virtual Interactive Design Solutions, Inc.		
DOCUMENT NUMBER:	P12000103552		
The enclosed Articles of D	ssolution and fee are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
	Foster Bennett		
	(Name of Contact Person)		
Vi	tual Interactive Design Solutions, Inc.		
	(Firm/Company)		
	6163 Michele Rd.		
	(Address)		
	Macclenny, Florida 32063		
	(City/State and Zip Code)		
For further information con	cerning this matter, please call:		
Foster Bennett	at (<u>(904) 703-1335</u>		
(Name of Contac	t Person) (Area Code) (Daytime Telephone Numb	оег)	
Enclosed is a check for the	Collowing amount:		
数 \$35 Filing Fee □ \$43.7 Certifi	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)		
Mailing Address: Amendment Section	Street Address: Amendment Section		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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:
	VIRTUAL INTERACTIVE DESIGN SOLUTIONS, INC.
SECOND:	The document number of the corporation (if known): P12000103552
THIRD:	The date dissolution was authorized:12/27/2019
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Film B. Bast
1	Signature:
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Foster Bruce Bennett
	(Typed or printed name of person signing)
	Director
	(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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Virtual Interactive Design Solutions, Inc. The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/27/2019_ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Information should describe the claim request in addition to details of the date and cause for claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 6163 Michele Rd. Macclenny, FL 32063 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. JAS BROWN Foster Bennett Signature of the Person Filing Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00