P1300018364

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



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Office Use Only

Dissolution Winotice

JUN - 2 2014 T. CARTER



April 25, 2014

NATALIE GALAN NVI PRODUCTION INC. P.O. BOX 2489 IMMOKALEE, FL 34143 US

SUBJECT: NVI PRODUCTIONS, INC.

Ref. Number: P13000018364

We have received your document for NVI PRODUCTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 814A00008903

COVER LETTER

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		RECEIVED
TO: Amendment Section		14 MAY 30 PM 3: 12
Division of Corporations	·* (er · ·	14 MAY 30 TH 5 TH
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SUBJECT: NVI Produc	tions Inc.	The state of the s
DOCUMENT NUMBER: P1300	20018366	1
The enclosed Articles of Dissolution and	fee are submitted for fill	ing.
Please return all correspondence concerning	g this matter to the follo	owing:
Natarie Galas	\sim	٠
(Name of	Contact Person)	
NVI Production	Inc	
(Fin	m/Company)	
P.O Box 2489		
(A	ddress)	
Immokalee Fl	34143	
(City/Sta	ite and Zip Code)	
For further information concerning this ma	tter, please call:	
(Name of Contact Person)	He at (239)	738 - 98 & Daytime Telephone Number)
(Number Contact Ferson)	(riida code	ce buytime relephone rumber,
Enclosed is a check for the following amou	ınt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	 □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		REET ADDRESS:
Amendment Section	Am	endment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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:				
	· NVi Productions Incorporatel		YOU		
SECOND:	The document number of the corporation (if known): P130001	83C	,4		
THIRD:	The date dissolution was authorized: $\frac{4}{11/2014}$				
	Effective date of dissolution if applicable: 4/13/2014 (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 cast to was sufficient for approval.	or diss	olution		
	☐ 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:	ntitled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)	74	SEC		
		MAY 3	:		
		0			
	(Hotal)	稲田: 23	. सिट . ५०		
	(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)	23	TATE		
	Natalie Galan (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

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: No Production To C.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

The Company was registered but was whole to make a gross profit or income of the company which.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O Box 2489 Immokalee Fl 34143

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.

Anuar IRMAC Jametle
Printed Name of the Person Filing

against this corporation as provided in s. 607.1407, F.S.

Signature of the Person Filing