

PI3000065956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

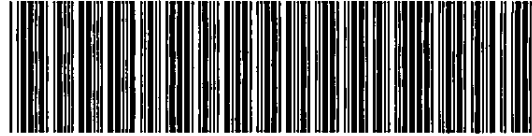
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

active corp

Office Use Only



800278415118

10/26/15--01028--008 **35.00

NOV 24 2015
R. WHITE

FILED
15 NOV 23 AM 6:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2015

ALBA L DICEMBRE
9809 SW 222 ST
MIAMI, FL 33190

SUBJECT: DI-BELLA'S CORP
Ref. Number: P13000065956

We have received your document for DI-BELLA'S CORP 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 above referenced entity is an active corporation. Therefore, a revocation of dissolution cannot be filed for this entity. If it is your intent to dissolve the corporation, articles of dissolution can be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 015A00022930

RECEIVED
15 NOV 23 PM 3:48

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Di Bella's Corp

DOCUMENT NUMBER: P13000065956

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alba L. Dicembre
(Name of Contact Person)

Di Bella's Corp
(Firm/Company)

9809 SW 222 ST
(Address)

Miami, FL 33190
(City/State and Zip Code)

For further information concerning this matter, please call:

Alba. Dicembre at (305) 975-8042
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

Di-Bellais Corp

SECOND: The document number of the corporation (if known): P13000065956

THIRD: The date dissolution was authorized: 10/26/2015

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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast 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)

Signature: _____

(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)

Alba Dicembre

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE FLORIDA

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: Di-Bellais Corp

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:

Closing my company is that I do not have
sales and expenses increased

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

9809 SW 222 St
Miami, FL 33190

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.

Alba Dicembre

Printed Name of the Person Filing



Signature of the Person Filing

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