# P1400051229

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	OGNICORP	
DOCUMENT NUMI	P14000051229 BER:		
The enclosed Articles	of Revocation of Dissolut	tion and fee are submitted	for filing.
Please return all corres	spondence concerning this	matter to the following:	
ENZO VEGA			
	Name of (	Contact Person	
VMC TECHNOLO	OGY		
	Firm	/Company	
15111 DRIFTWO	DD BEND ST		
	<i>د</i> ,	.ddress	
WINTER GARDE	N 34787		
	City/State	e and Zip Code	
ENZOVEGA@GM			
	E-mail address: (to be used to	or future annual report notifica	tion)
For further information	n concerning this matter. I	please call:	
ENZO VEGA		786 246769 A1 ()	5
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
■ \$35 Filling Fee	□ \$43.75 Filling Fee & Certificate of Status	☐ \$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

#### ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is:	_		
SECOND:	document number of the corporation (if known) is			
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution			
	filed with the Florida Department of State is	this date will		
FOURTH:	The Revocation of Dissolution was authorized on			
FIFTH:	Adoption of Revocation of Dissolution (check one)			
	<ul> <li>□ The board of directors revoked the dissolution.</li> <li>□ The incorporators revoked the dissolution authorized by the shareholders a revocation was permitted by action by the board of directors alone pursuant to t authorization.</li> <li>□ The shareholders revoked the dissolution and the number of votes cast was suff approval.</li> <li>□ The shareholders revoked the dissolution by voting groups - the number of vote</li> <li></li></ul>	hat Tcient for		
SIXTH:	A copy of the Articles of Dissolution is attached.			
	Signature  (By a director, problem 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)  ENZQ ASHOK VEGA ESPINOZA	2019 5		
		ė:		
	PRESIDENT	્રિ. વ:		
	(Title of person signing)	is N		

#### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

VMC TECHNOLOGY, CORP

SECOND: The document number of the corporation: P14000051229

THIRD: The date dissolution was authorized: June 26, 2019

Effective date of dissolution: June 26, 2019

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. FOURTH:

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817,155, Florida Statutes.

Signature: ENZO VEGA **PRESIDENT** 

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

#### FILED Jun 26, 2019 Secretary of State

### 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:

VMC TECHNOLOGY, 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:

FOR NOT A GOOD BUSINESS IN THIS MOMENT

Mailing address where claims can be sent:

9923 NW 52 TERR DORAL, FL 33178

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ENZO VEGA

Electronic Signature of the Person Filing