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# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone

: (407)582-9830

Fax Number

: (407)294-7677

## DISSOLUTION OR WITHDRAWAL VITAL BUSINESS CORP

Certificate of Status	0
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Corporate Filing Menu

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TO: Amendment Section

#### **COVER LETTER**

Division of Corporations		
SUBJECT: VITAL BUSINES	SS CORP	30 £
DOCUMENT NUMBER: P14000	068115	SEC 15 P
The enclosed Articles of Dissolution and	fee are submitted for i	iling,
Please return all correspondence concernir	ng this matter to the fo	llowing:
MARIA PINHEIRO		· ***
(Name of	Contact Person)	
ALPHA BUSINESS CO		, LLC
(Fire	m/Company)	•
7022 CARLENE DR		,
•	Address)	
ORLANDO, FL 32835		
(City/St	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
MARIA PINHEIRO	at (407	582-9830
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed is a check for the following amou	unt:	
□ \$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	D C 20	TREET ADDRESS: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

FILED

14 DEC 15 AMII: 18

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles DA of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  VITALBUSINESS CORP		
SECOND:	The document number of the corporation (if known): P14000068115		
THIRD:	12/15/2014		
	Effective date of dissolution if applicable:  (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 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)		
S	Gignature:  (By a directory 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)		
	ALINE GUEDES		
•	(Typed or printed name of person signing)		
	PRESIDENT		
-	(Title of person signing)		

Filing Fee: \$35

FILED 14 DEC 15 AM 11: 18

### **Notice of Corporate Dissolution**

Notice of Corporate Dissolution

SECRETARY OF STATE
TALLAHASSEE, FINRIDA

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims DA 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: VITAL BUSINESS 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:	
THERE IS NO MORE BUSINESS.	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporat	ions)
44 NUNES DE SIQUEIRA - PENHA	
SAO PAULO, SP 03604-050 BR	
A claim against the above named corporation will be barred unless a proceeding to enforce the within 4 years after the filing of this notice.	e claim is commenced
ALINE GUEDES  Printed Name of the Person Filing  Signature of the Person	Guden
•	$\mathcal{G}$