

P14000079909

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200275839782

*[Signature]*

08/10/15--01014--029 \*\*35.00

FILED  
2015 AUG 25 AM 11:56  
TAMPA, FLORIDA  
CLERK OF COURT

AUG 25 2015  
A RAMSEY

X00789, 00284, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VEXPORT CORP

**DOCUMENT NUMBER:** P14000079909

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

Please return all correspondence concerning this matter to the following:

ANGEL ZAMUDIO

(Name of Contact Person)

VEXPORT CORP

(Firm/Company)

8325 NW 56 STREET BAY 7

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL ZAMUDIO

at (786)702-9575

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2015

Angel Zamudio  
Vexport Corp  
8325 NW 56 Street, Bay 7  
Doral, FL 33166

SUBJECT: VEXPORT CORP  
Ref. Number: P14000079909

We have received your document for VEXPORT 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):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 815A00017019

RECEIVED  
15 AUG 25 AM 9:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

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

FILED  
2015 AUG 25 AM 11:56

DEPT. OF STATE  
Florida Department of State

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

SECOND: The document number of the corporation (if known): P14000079909

THIRD: The date dissolution was authorized: 05/30/2015

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)

ANGEL ZAMUDIO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)