

P160000066498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FireSide Visions, Inc. Dissolution  
\_\_\_\_\_

**DOCUMENT NUMBER:** P16000066498  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Lisa Rose  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

FireSide Visions, Inc.  
\_\_\_\_\_

\_\_\_\_\_  
(Firm/Company)

502 S Fremont Ave, Apt 1431  
\_\_\_\_\_

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

Tampa, FL 33606  
\_\_\_\_\_

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter please call: \_\_\_\_\_

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  
FireSide Visions, Inc.

SECOND: The document number of the corporation (if known): P16000066498

THIRD: The file date of the articles of incorporation: April 28, 2017

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Lisa Rose

(Typed or printed name of person signing)

Chief Operating Officer

(Title of Person Signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35