# 91000038310

(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	



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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	INMENT GROUP, INC.
DOCUMENT NUMBER: P 1700	00038310
The enclosed <b>Articles of Dissolut</b>	ion and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
BRADFORD J. LAM. ESQ.	
(1)	Name of Contact Person)
BUSINESS LAW GROUP	
	(Firm/Company)
90 S. CASCADE AVE., STE. 400	
	(Address)
COLORADO SPRINGS COLORADO 8	0903
	(City/State and Zip Code)
For further information concerning	g this matter, please call:
BRAD LAM, ESQ.	719) 355-8840 at (
(Name of Contact Perso	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the followi	ng amount:
■ \$35 Filing Fee □ \$43.75 Filing Certificate of	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

# 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:  VAGABOND ENTERTAINMENT GROUP, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: MARCH 13, 2018
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inspired in this block days not must the applicable statutory (filing requirements, this date will
	(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 east 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)
	#2
	Signature:  (By attrector, 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)
	SCOTT ZINOLLI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

### 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.

1617 N. CHESTNUT STREET	
	90 S. CASCADE AVE., SUITE 400
VAGABOND ENTERTAINMENT GROUP, INC. WITH A	A COPY TO: BUSINESS LAW GROUP
Mailing address where claims can be sent: (Claims can	not be sent to the Division of Corporations)
4. EXPLANATION OF PREVIOUS EFFORTS OF COLLE	ECTION AND THE RESULTS THEREOF.
3. THE DOLLAR AMOUNT OF CREDITOR'S CLAIM; A	ND
2. THE CREDITOR'S NAME, ADRESS AND TELEPHON	IE NUMBER;
1. THE DATE CREDITOR'S CLAIM AROSE;	
CORRESPONDENCE OR OTHER STATEMENT OF CLA	IM IDENTIFYING WIT HPARTICULARITY:
Description of information that must be included in a cl	aim:
Date of dissolution will be the date the dissolution is file specified in the <i>Articles of Dissolution</i> .	ed with the Department of State or as

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.

SCOTT ZINOLLI

Printed Name of the Person Filing

of the Person Filing